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THE

# AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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# THE AMERICAN PRACTITIONER.

JULY, 1881.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### CLINICAL NOTES OF SURGICAL CASES.

BY W. W. VINNEDGE, M.D.

G. F. W., thirty years of age, a resident of this city, suffered a gunshot-wound by a tramp, at Waverly Station, Cass County, on the 4th of October, 1880. Mr. W. and his brakeman attempted to put two tramps off the former's train at the time Mr. W. received the shot. The ball entered his face just below the right nostril, passing through the upper lip, knocking out of the upper jaw two incisor teeth—the right central and lateral—and passing through the tongue about one inch behind its tip, ranging downward, it lodged somewhere in the neck anterior to the air-passages. In less than one hour afterward the wounded man was seen by Dr. Higgins, of Peru, and at 9 P.M. by myself on his arrival home. He rode from Peru to Lafayette in the sitting posture, and on his arrival here walked from the train to a carriage. He was able to articulate, and stated that the ball had not been removed, and that he had lost but little blood.

I found on examination that blood was still oozing out of the

wound in the tongue, and that no trace of the ball was perceptible to the touch either in the mouth or over the surface of the neck. The strength and spirits of the patient were good, pulse normal, with the exception of being a little too frequent. I adopted the expectant method of treatment, prescribing plain, simple liquid nourishment, rest, quiet, and a solution of carbolic acid with which to cleanse his mouth frequently. Twelve hours after the receipt of the injury his tongue was so swollen that he could not close his mouth, nor could he articulate or lie down; and twelve hours later—twenty-four hours after the wound was made—he sent for me on account of dyspnea. I did not think respiration was compromised sufficiently to warrant surgical interference further than clearing the throat and cavity of the mouth of secretions by means of a probang and a weak solution of whisky and water. About the end of the third day respiration became natural, and he made no further complaints of this symptom during his illness. The tongue, however, remained swollen several days afterward, though he was able to close his mouth after the sixth day.

As soon as the swelling of the tongue had subsided and the wound had healed, which, according to my remembrance, was about the twelfth day, the patient presented himself at my office for advice with regard to swelling and tenderness of the upper anterior part of the neck. I explained that it was doubtless caused by the presence of the ball, and that suppuration would probably ultimately take place. November 17th, twenty-four days after the injury was sustained, I extracted the ball through an opening located half an inch above the hyoid bone and slightly to the right of the median line, through which pus was discharging, and which I had carefully enlarged over the grooved director. The ball—a conoidal one, caliber thirty-two—was flattened or rather battered at its base, and W. informs me weighed eighty-five pennyweights. It was discharged from a Colt's self-cocking revolver. Simple dressings were ordered for the wound, which healed kindly.

On the 12th day of August, 1880, Jere I., a day-laborer and

section-hand on the Lake Erie & Western Company's line, sustained severe injuries. At the time of the accident he was riding on top of a box car, and while the train was in rapid motion the car upon which he was standing was derailed and thrown upon its side. He was thrown against a sand- and gravel-bank, and after that remembers nothing for a period of about six weeks. Immediately after the accident he was brought to Lafayette. A careful examination revealed the following conditions: The right clavicle was fractured through the middle third of that bone, a slight scalp-wound over the left parietal bone, concussion of the brain, and an injury if not a fracture of the larynx. The symptoms pointing to fracture of the larynx were: Alteration of form, especially in its right lower extremity; slight tenderness after the first day; abnormal mobility of the entire organ; and crepitus. On the other hand, there was no dyspnea, lividity of the face, nor expectoration of bloody mucus. From the first the patient passed his urine involuntarily; his bowels too were evacuated in the bed a few times involuntarily.

It was impossible, even if it had been advisable, to keep a dressing in position to remedy the deformity caused by the fractured clavicle. During the first days of his illness the patient was seen in my absence by Drs. Ramsdell and Beasley, who reported that while under their care for five days he continued delirious. At the end of about two weeks the effects of the concussion and the surgical fever began to abate, his appetite improved, and he slept without the aid of remedies. From this time forward he gradually recovered his strength and flesh and the ability to control his bladder. He is now employed as a day-laborer, and appears to be in the enjoyment of good health, though he yet complains of some impairment of memory, and states that his voice is not yet natural.

W. J. A., sixteen years of age, an employe of the Lafayette Car-works, sustained a severe injury on the 1st day of April, 1881. The boy works at a bolt-machine, his business being to force the bolts into the dies. As the weather was cold, he turned to ask a man to close the door, when one of the



screw-ends which holds the die in place caught in his coat in the course of its revolutions and drew him in. The next screw-end coming around struck him in the left breast, and his head was by this time drawn in between the jaws of the machine. At this point the boy became unconscious, and remained so until the boy employed on the machine next to him reversed the belt and he was turned out again. He was carried to his home at once. I saw him soon after, and on examination found that he had suffered a contused wound two inches in length, extending from and through the left nipple upward and outward, a compound fracture of the fourth and fifth ribs through the wound just described, and a puncture of the left lung, so that at every expiration the air escaped from the lung. The air continued to escape more or less for a week after the accident, when it fully and finally ceased to do so. There was no pneumonia, nor was the pain excessive. Traumatic fever in a moderate degree, as indicated by the pulse and temperature, continued throughout the first week.

The broken ribs and the wound over the fractures were dressed as follows: An old, soft, clean muslin cloth was folded several times and holes cut through all the folds except the outer one. This compress was saturated with a solution of carbolic acid (one to forty) and squeezed sufficiently hard to prevent dripping, and then placed over the wound so as to cover it but allow the air to escape through the opening in the center. Over this and around the chest, according to rule, strips of mole-skin adhesive plaster were placed.

April 27th he was discharged convalescent, and today (June 19th) I made a physical examination to ascertain if any effects of the injury to the lung could be detected now. None were perceptible. The boy says he runs, walks, and works with ease and comfort.

## SUGAR IN THE URINE.

BY JAS. F. HIBBERD, M.D.

Within a few weeks circumstances have made it a duty for me to come into possession of the sentiments of nine physicians concerning the diagnosis, prognosis, and treatment of saccharine diabetes, and I was somewhat surprised to find that not one of the nine made mention of there being two varieties of the disorder. The fact that there are two forms of the disease—one incurable, unmanageable, and fatal, and the other amenable to drugs and management, and curable—is so important as a bit of practical clinical knowledge that it seems advisable to call attention afresh to the point.

Diabetes mellitus and glycosuria are often used as synonymous; but recently some authors have confined the former term to the fatal form of the disorder, while the latter term has been used to represent the curable phase of the disease. This application of the terms is quite satisfactory if we understand their appropriation, respectively, and in this essay such signification will be maintained.

*A Case of Diabetes Mellitus.*—A farmer's daughter, Miss S., aged twenty-two years, had not felt well for some months when she went on a visit in the spring to some relatives in Illinois. While there she continued to pass much urine, had great thirst and an excellent appetite, but continued to lose weight and strength. In September a physician was called who pronounced her disease typhoid fever, and under his treatment she seemed to fail more rapidly. Late in October she returned home and Dr. X was called to see her, and falling in with the typhoid fever idea, and without attention to the urine, thought the chief cause of her lingering prostration was an inactive liver, which he undertook to arouse with mercurials. No improvement following, the case was placed in my hands on the first of December. The patient was still able to walk about the room, but was emaciated, had great thirst, but little appetite, and constipated bowels. The

urine was very abundant and richly saccharine, the skin dry, and the mouth clammy.

Under the use of opium and iron, a regulated diet, and general regimen some improvement of the patient's general condition was obtained. It was, however, of short duration, the diabetic lesion continued, the unfavorable phenomena multiplied, she lingered through the winter, wasted, suffered, sank, and died in April.

*A Case of Glycosuria.*—Mr. W., aged fifty-two years, came under my observation in 1877, having been an invalid for some months, perhaps for a good many months. I was asked to treat him for a nervous trouble which had not been benefited by previous treatment, but on examination I found an irritative fever, dry skin, fair appetite, sluggish bowels, great thirst, and large evacuations of urine which was decidedly saccharine. One twentieth of a grain of morphia in solution with three minims of tr. ferri. chlor. were ordered every three hours; to eat chiefly meat, fish, cabbage, and the like, especially avoiding starchy food and any more than the merest flavoring of sugar. The fever, thirst, and excessive secretion of urine speedily abated, and after a few weeks the nervous disturbance declined, apparently influenced thereto by stramonium. The sugar in the urine gradually lessened, but the last examination made before his discharge, perhaps two months after the first one, still disclosed the presence of saccharine matter. He, however, attended to his business with fair health, and about a year afterward, when some financial complications pressed rather hardly, he had a return of active glycosuria, which soon yielded to management similar to the first. Still another relapse occurred about eighteen months since, but was also of short duration. He is now attending to his ordinary affairs and under no restrictions of diet, though by inclination and habit a great consumer of meat to the exclusion somewhat of other ordinary articles of food.

*A Case of Diabetes Mellitus, or Glycosuria, which?*—The idea was unique, to say the least, but whether it had its genesis with the patient or with his medical attendant I know not, but Dr. A.



—the medical attendant's partner—as his vehicle approached me in the street, checked his speed and held up his index finger symbolizing his desire to speak, and he spoke thus: "Doctor, Mr. Blank has saccharine diabetes. He wishes to go East—to New England—to spend some time, and both himself and his medical advisers are immature in their thoughts about whether it would be best. Therefore, it has been decided to ask you and six other doctors to meet at Dr. C.'s office on Saturday morning at 9 o'clock, examine the patient, and solve the problem."

"Very good; I shall be there."

This was Thursday the 26th day of May, current year.

The patient was a large man, sixty-one years old; has lived a very active and earnest life with both body and mind, and it had been a successful activity and an honorable earnestness. He was wealthy, was esteemed of the highest business probity, and was a leader in church and benevolent affairs.

About three years ago he realized that he was passing unusual quantities of urine and to appease an exacting thirst drank voluminously of water. He recognized himself the victim of diabetes and under the conviction that the disease was necessarily fatal after a course of uncertain duration, did not seek professional advice until his failing strength and the annoying attention demanded by his infirmities induced him to endeavor to have his life made more tolerable.

In October last, while engaged in some church affairs with a retired physician, he asked the doctor if something could not be done to mollify his present distressing state. The doctor, after inquiry, was satisfied, without analysis of the urine, that Mr. Blank was suffering from diabetes mellitus, and prescribed accordingly, giving him a pill of half a grain of opium with iron and ipecac, and placing him on an anti-diabetic diet. At this time Mr. Blank had lost more than fifty pounds' weight, and was quite debilitated, still struggling to perform his general duties, but only partially succeeding and with much suffering. Under this treatment he rapidly improved, and in a few weeks voided only a natural quantity of urine, and had lost his thirst, and

some other annoying symptoms, but did not regain his weight or strength. Some time in February he consulted his family physician for a diarrhea simulating dysentery, which was treated and relieved by ordinary means, the patient saying nothing about his urinary infirmity, and the doctor entirely unaware of it; but as the patient did not recover a good general condition after the subsidence of the diarrhea, the doctor made inquiries, and on examination found sugar in his urine. The patient was again placed under medicine and regimen for diabetes mellitus, the chief drugs administered being morphia, quinia, iron, and strychnia, and for certain disturbances of vision and other nervous functions pot. bromide.

At the time we seven physicians examined him Mr. Blank was a large man of apparent full habit, although he had lost sixty pounds or more from his standard weight of former years. He was pale and appeared anemic, complained of debility, and was incapable of labor or any exercise of moment. He was still under diabetic diet, for which he had no appetite, but had a longing for roast potato, a bit of toast, and some other items of ordinary food. His skin was not dry, he had no thirst, and voided about forty ounces of urine per day, a specimen of which examined at the moment was found to contain a moderate amount of sugar and a trace of albumen. His bowels were quite uneasy, and gave him great annoyance from frequent discharges of a dark, sticky, tar-like substance of a very offensive odor.

After the assembled doctors had asked all the questions they desired, and obtained such information as the answers and examinations conveyed, the patient withdrew, and the professional gentlemen proceeded to state their views, the youngest taking the lead. The prevailing sentiment was that Mr. Blank had diabetes mellitus; that it was unerringly a fatal disease, there being some difference of opinion touching the probable date of his demise; that his diet should be amended by allowing him to partake sparingly of ordinary food in addition to full measure of diabetic diet; that not much drug treatment was

required; morphia, quinia, iron, strychnia, and pot. bromide in moderation should be given when needed; that a visit to New England, if judiciously accomplished, was not likely to hasten a fatal result, nor was there much hope that it would retard it.

Mine was the sixth opinion called for, leaving only that of the attending physician to follow. In substance it was this: We must not fail to remember that sugar is found in the urine under various circumstances, and that it is sometimes unimportant and sometimes in the highest degree serious. The term diabetes mellitus is often allowed to cover two essentially distinct conditions, one of which is surely fatal under any management, and can not be appreciably modified or at least not sensibly retarded by whatever treatment; the other condition is unsteady in its manifestations, the flow of urine being sometimes excessive in quantity and again meager without a recognized cause, and can always be favorably changed by judicious management, and the victim of it, if not entirely cured, carried along for years in a fairly active business career and in the enjoyment of life. The point to decide at this moment in the case before us is whether it belongs to the first or the second class? and then if to the latter, has it progressed to such a stage as to be past remedial management?

The history of the case places it unmistakably in the second class, but it has advanced to a point where it is at least doubtful whether it can be successfully managed. The quantity of urine is now normal, and has been for some time, and there is no thirst. The diabetes therefore is not just now the threatening ailment. The trace of albumen in the urine is important, as it may be indicative of structural and hopeless change in the kidneys; but as there is an albuminous state of the urine in people that runs along for years without fatal or even serious results, we have a right to interpret the show of it before us as signifying only a disturbance of the system that deranges the function of the kidneys without involving a seriously-harmful lesion of structure. The anemic state of the patient is undoubtedly due to imperfect nutrition, and this largely if not solely to inadequate

food; and inadequate food added to recognized lesions is sufficient to account for the tar-like and offensive discharges from his bowels, his nervous derangement, and his debility.

We may therefore take a hopeful view of the case. There is no appreciable reason why the patient may not, with proper management, have his life profitably continued for five, ten, or more years. The present disability arises from disorder of the digestive apparatus, not the urinary, and the physician's attention must be given to improvement at this point. The patient has been allowed to eat strawberries; let him flavor them with sugar. He longs for potatoes, which have been through life a leading article of diet; let him have a baked potato, and permit him to eat some bread for which he has languished. In short, allow him to partake moderately and cautiously of such food as his instinctive appetite most eagerly demands, but with the understanding that saccharine and amylaceous articles are to be indulged in only to maintain a normal appetite and to promote healthy nutrition. If the diabetic symptoms increase to a state of disturbance, administer morphia, or morphia and ferri chloride, and temporarily modify the diet. These measures it is believed will speedily bring about an improved condition of the patient; and as he desires to visit a point in the highlands of Maine where there is a mineral spring with aperient water, let him, after a few days of improved diet, begin his journey East and continue it by easy stages until he reaches his destination. Remaining there until his digestive organs are in good working order, he may profitably go to the coast and spend the summer.

This line of management was pursued, the patient reporting a high state of enjoyment in sugared strawberries, baked potatoes, and toasted bread; and his health gradually improved for ten days, so that on the 7th June inst. he left for Maine,

We must therefore regard Mr. Blank's case one of a mixed character, passed from the state of simple glycosuria, yet not a sample of diabetes mellitus. And this introduces a thought that we must not refuse to entertain, viz: While we acknowledge a fatal pathological condition to be known as diabetes mellitus,



and another not at all serious pathological condition to be known as glycosuria, we must recognize that a case of simple glycosuria may be so neglected or mismanaged as possibly to become a case of diabetes mellitus, or induce complications mortal in their tendencies, or, what is more probable, as in Mr. Blank's case, traverse the plain of glycosuria to the confines of the rugged realm of diabetes mellitus, to be found, as it were, straddling the border-line with one foot in each territory, and so burdened with complications as to make the diagnosis shadowy and uncertain and the prognosis proximate and unsatisfactory.

As the special intent of this writing is to call the attention of the reader to the practical importance of clinically recognizing the existence of two widely-different states of the human system wherein sugar in the urine is a leading characteristic, it may be apropos and profitable to end this essay with a quotation from Dr. Haviland Hall's late volume of *Differential Diagnosis* as follows:

The presence of sugar once determined, it remains to decide whether it arises from simple glycosuria, which is a comparatively common and not dangerous condition, or from saccharine diabetes, which is much more rare and a very perilous affection. This distinction has lately been insisted upon by M. Gérin Rozes. The contrasting features of the two disorders may be presented as follows:

DIABETES MELLITUS.

Onset gradual; occurs at all ages and without reference to known predisposing causes.

The amount of sugar varies very little.

The absence of saccharine food makes little or no changes in the urine.

Volumetric analysis by Fehling's method easy.

SIMPLE GLYCOSURIA.

Onset sudden; more common in the aged; in persons consuming saccharine food; in the insane; in those taking chloral; in paroxysms of ague; after sudden excitement; blows on the head; cerebral affections.

The amount of sugar varies greatly from day to day (pathognomonic, Rozes).

The withdrawal of saccharine food diminishes the sugar.

Such analysis is obscure, owing to the quantity of creatinure substances present.

Polyuria, polyphagia, polydypsia, and impotence common and well marked.

All these may be and commonly are absent or slightly marked.

Nervous complications frequent.

Rare.

Treatment of little avail; the result usually fatal.

Treatment efficient; result usually favorable.

RICHMOND, IND.

## COITION IN PREGNANCY.

BY THEOPHILUS PARVIN, M.D.

Popilia, when reminded that pregnant animals did not permit the approaches of the male, frankly replied, "It is because they are brutes."

Undoubtedly abstinence from coition, once the design of this function has been accomplished, is the law of nature. Ought the human race to accept this law as governing its action?

Recent obstetric writers are generally silent upon the question; occasionally some half-breed—borrowing a term from Albany—writing medicine for the mass, sustains the negative, often qualifying the permission to indulge with certain cautions; but upon the whole there seems a tacit consent for the laity to settle the question as, guided by wise reason and kind sympathy on the one hand or by blind instinct and ungoverned passion on the other, they choose, just as my good friend the late Dr. M. B. Wright once said to me, "We must leave these matters to regulate themselves."

Yet our great master Hippocrates thought that pregnant women who abstained from coition had easier labors; Galen dwelt upon the liability to abortion from this cause at certain periods of pregnancy, the fruit more easily detached when more tender and when approaching maturity, so that the Christian Fathers had good authority for their injunction of continence in the early part and toward the end of pregnancy.

The older obstetricians of modern times did not think the matter unworthy of or improper for their consideration. Thus Mauriceau forbade intercourse in the first few days following conception and in the last two months of pregnancy. Dionis, the frank, honest fellow, criticised his reasons and condemned his rules, concluding in these words: "I shall add that Mauriceau made his observations from himself, for though married forty-six years he did not have a single child. For my part, I have a wife who has been pregnant twenty times and has given me twenty children born favorably at term, and I am persuaded the caresses of the husband do no harm." Gardien, whose contribution to obstetric literature is one of the most valuable and interesting of the century, devotes considerable space to the subject, and in the course of his remarks says, "It probably would be more prudent to abstain from using the rights of marriage from the time that pregnancy is certain up to the end of the lying-in."

The fact that abstinence from sexual congress in pregnancy is the common rule of animals is certainly a strong argument in favor of urging similar abstinence on the part of men. In addition it may be truthfully asserted that the pregnant woman has as little desire for coition as pregnant females of lower orders; nay, oftentimes utterly abhors while submitting, for she is less protected by power of escape.

Furthermore, practitioners are sometimes told by innocent husbands—more rarely by wives who so often suffer in silence—that intercourse causes the latter great pain.

Finally, this is a frequent cause of abortion; at least one half of the cases of what is termed spontaneous abortion probably are thus produced. Summing up the arguments\* in the affirmative of the question, it may be stated that coition in pregnancy is unnatural; so far as woman is concerned, it is generally odi-

\*It is highly probable that in many instances both the leucorrhœa and nausea and vomiting of the early months of pregnancy are greatly increased by coition. Cases have been observed where the nausea and vomiting did not occur at all, or only in a slight degree, if the husband was absent during the pregnancy; while in other pregnancies, he being at home, these symptoms were most distressing.

ous, often painful; and in regard to the newly-created being, frequently murderous.

What can be alleged on the other side? The peace of families and the chastity of husbands are secured by the indulgence. But suppose men were trained to believe that such indulgence is wrong, injurious to others and to themselves, would their amiability and chastity require to be purchased by a momentary pleasure? Would they not rather learn to subdue and rule this otherwise imperious passion? If Newton, Kant, Fontanelle, and Beethoven could live their many honored years with no indulgence of sexual passion, surely other men might abstain a few months without injury!

This ungoverned passion of man is prolific of evil, and, like producing like, the father who never has learned self-control may give his son not only form and feature, but the germ of the same fierce, clamorous desire, which in its full development will prove a heritage of woe to that son and others. That which polite language veils under the designation *social evil*, and which desolates so many happy homes and brings its quick, black harvest of misery, remorse, disease, and death, chiefly lives because man does not know aright, does not duly reverence and honor woman, and keep in subjection that which may become one of the master-passions in his heart, and is thus continued from generation to generation.

Surely prospective motherhood, woman within whom proceeds the evolution of the marvelous mysteries of creation, should be revered, is worthy of all kind and thoughtful consideration, and ought to have thrown around her all protective care. The woman who has conceived is *enceinte*; that is, ungirdled—in allusion to the ancient custom of laying aside the girdle when pregnant and placing it in the temple of the gods—at once a preparation for the enlargement of the abdomen and a seeking divine protection. Let her not fail of all human care while in this condition. Nature then offers unto man invitation and opportunity to subordinate passion to reason, to conscience, to will, to a higher love, and thus raise himself above himself.



A sensual age claims for coition facilitating parturition; and the most sensual of husbands finding their wives pregnant very much against their wishes and in spite of the devices of conjugal onanism, will claim that they can now indulge freely and without fear, for matters can be no worse!

We do believe that intercourse in pregnancy has nothing to commend, nothing to excuse itself unto wise men, and that virtuous abstinence on the part of the husband will be a blessing both to him and to his wife and to their posterity.

It may be objected that the abstinence here advocated contradicts almost universal practice—a practice that frequently brings no evil. But how do we know it has no injurious results? Admitting that the wife may, in the majority of cases, not patently suffer—have no miscarriage, no pain, no nausea and vomiting increased or excited thereby—is there no violence done to the finer elements of a refined womanly nature? Does such a woman cheerfully accept it as the way of all, like Hiero's wife, who never perceived her husband's offensive breath, imagining that it was common to all men? It seems that there might follow some lessening of mutual love, respect, reverence.

So far as the husband is concerned, he learns no lessons of self-control, attains no self-mastery in this regard, and mars that ideal manhood which in better hours and with nobler aspirations he seeks to attain. He will be quite ready in such hours to adopt, as applicable to the act, the concluding clause, while he may reject the first, of the following extract from Sir Thomas Browne's *Religio Medici*: "I could be content that we might procreate like trees, without conjunction, or that there were any way to perpetuate the world without this trivial and vulgar way of coition. It is the foolishness of a wise man commits in all his life, nor is there any thing that will more deject his cooled imagination when he shall consider what an unworthy piece of folly he hath committed."

As to the other objection, no matter how universal a practice is, if it be wrong at least endeavor to point out the wrong. Whether I judge from observation, from the great doctrine of

evolution which so fascinates the age, or from the power of divinely-revealed truth, the conclusion always is that the world grows better, and that a wiser, higher, happier, nobler generation will one day possess the earth. Each evil pointed out, each wrong discovered helps the progress to that day, although it may be long before the evil and the wrong cease. Meantime it is a great mistake to accept a popular vote as the criterion of wisdom and right.

Possibly physicians are too reticent in regard to sexual relations, do not consider as fully as they ought the connection of these with human health and happiness, and give that instruction to the people which is so much needed in regard to such relations. Believing this, I can say in the words of Montaigne, "I know very well that few will quarrel with the license of my writings who have not more to quarrel with in the license of their own thoughts."

This may be the voice of one crying in the wilderness, but even in the wilderness many heard. If only truth be uttered it one day will be heard and heeded by some, and when heard and heeded will multiply itself a thousand-fold.

INDIANAPOLIS, IND.

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## A RARE RESULT IN AN ATTEMPT TO DELIVER WITH THE FORCEPS.

BY J. M. DE ROSSETT, M.D.

I was summoned on the night of December 8, 1880, to attend A. S. in labor, in consultation with Dr. A. B. I arrived at the bedside at midnight and obtained the following history: A. S., aged twenty, short, thick, and muscular, was taken with labor-pains at 10 A.M., December 8th. The family physician was summoned at 2 P.M., and at 3 P.M. membranes ruptured, vertex

presentation, contractions vigorous. The position was not detected, as the sequel of the case will abundantly demonstrate. The second stage progressed slowly, notwithstanding the pains were frequent and powerful. At 8 P.M. the forceps was applied in the pelvic position. The forceps used was that known as the "Reamy forceps." From this time until a short time before my arrival (midnight) every effort was made to deliver, aided by chloroform and the most powerful contractions, but without success. When I arrived I found the woman greatly exhausted; the pains still strong and frequent. Examination revealed an occipito-posterior position; the head at the inferior strait and thoroughly impacted, with the male-blade of the forceps resting beneath the pubic arch, and buried in the vagina to the shank and embracing the head firmly in the region of the left frontal bone and orbit. The attending physician had attempted its removal, but failed to dislodge it. I employed every maneuver to effect the removal of the blade, but utterly failed to change its position. Each succeeding pain served to increase the difficulty by wedging the blade still tighter. Here indeed was a dilemma without a parallel in my experience. We waited two hours, closely watching the case. At the end of that time no change had occurred for the better; on the contrary the woman was becoming rapidly exhausted with no advance of the head. We then decided upon and performed craniotomy upon a living child, which permitted the removal of the blade and delivery without further trouble. The woman made a tedious but satisfactory recovery.

*Remarks.*—In my own experience this case is without a parallel; neither does the literature of the subject, so far as I know, furnish a similar case. The factors leading to the unfortunate result are in my opinion the application of the forceps without a knowledge of the position of the head, and the failure to remove the instrument in time to permit the head to execute the movement of rotation in the natural way. Evidently the head entered the brim in the second position, right occipito-acetabular; in this position the application of the forceps before the head had

executed the movement of flexion would most effectually prevent the brow from ascending and the occiput from descending, movements highly necessary in the rotation of the occiput under the pubic arch. As it was, however, the traction made by the forceps gave the head a new direction, forcing the occiput into the hollow of the sacrum, while the brow passed from the left sacro-iliac synchondrosis forward under the pubic arch, carrying the blade of the forceps with it. Of course a knowledge of the position in the beginning of labor, or at least before the application of the forceps, with a proper appreciation of the mechanism of labor, would have prevented the unfortunate result that occurred in this case.

GRAYSON, KY.

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## FOREIGN CORRESPONDENCE.

*My Dear Yandell:*

LONDON, June 1, 1881.

London is now in the full tide of gaiety. The interval between the Derby and Ascot weeks has always been looked upon as the very height of the season, and this year proves to be no exception to the rule, as the dense crowd in the "Row" every morning and the troops of carriages in the large thoroughfares testify. At this moment, however, a slight temporary exodus is taking place. The House of Commons always adjourns for about a week at Whitsuntide, to allow the exhausted legislators a little repose, which they for the most part seek at their country houses; and thus to leave town at Whitsuntide has become rather the fashion among the upper class and its imitators, not more for the purpose of rest than to avoid the *profanum vulgus* of holiday-folk that the Whitmonday Bank holiday lets loose on London.

The question just now heard every where asked is, "Have



you taken?" There is a perfect stampede, and society is making to get itself vaccinated; and lymph, whether "direct from the calf" or not, has risen to famine prices. However, a number of enterprising persons are always well "to the fore" on such occasions, and a brisk trade is being done in so-called lymph, which has at least the merit of being harmless, being for the most part only glycerin and water, with perhaps a little acetate of lead to cause irritation at the seat of puncture. Thus a good many are relieved of their anxiety, and possibly in some degree too of their liability to infection, for dread of this disease beyond all doubt adds considerably to the risk of catching it. However, be all this as it may, smallpox is increasing rapidly in London, and next to nothing is being done to check it. Within the last month the number of weekly deaths from this cause has risen from sixty to one hundred and five, and there is none of that tendency to abate which wiseacres say the epidemic should now begin to show.

The duty of securing sufficient hospital accommodation in this city rests with two great bodies, the Metropolitan Asylums Board and the Local Government Board, the latter being intended to supervise the active work of the former. In its attempt to found a hospital at Hampstead the Asylums Board was thwarted some months ago by the action of the neighboring householders, who obtained an injunction against the proposed building as a nuisance; and since this the Board has made no further attempt to meet the difficulty, but has contented itself with feebly bewailing its own impotence. So far as the immediate emergency is concerned, the president of the Local Government Board would no doubt have little difficulty in securing Parliament's assent to a temporary measure holding the Asylums Board free from responsibility with regard to sites selected for hospitals by them with the approval of skilled officials; but it would be out of the question to ask the House, in its present temper and with the superabundant business on its hands, to consider this session any general measures. Meanwhile something must be done. It is a cruel satire on our present public

health arrangements that, whereas the prevention of the existence of smallpox is the duty of one authority, the prevention of its spread is the duty of another. In the metropolis the question is further complicated by there being thirty boards of guardians to administer vaccination and thirty-nine sanitary authorities to stamp out the disease. These multitudinous authorities are necessarily of different capacities, and feel different degrees of concern about the spread of smallpox in their midst, though with the complex nature of metropolitan life the neglect of one may be the danger of all.

The asylum managers are now, perhaps from no fault of their own, at their wit's end to know how to cope with the increasing number of cases needing hospital treatment. The remedy is an obvious one, though it is probably now too late to use it effectually. The sanitary authorities of the metropolis must provide adequate hospital accommodation for their own cases, either by themselves or in combination, and the Local Government Board must insist on this being done. Tents will have to be erected in open situations or a few temporary hospital ships placed on the Thames. The cost will be considerable, but it is too late to consider that now. To meet "the present emergency" sums infinitely larger must be expended than would have sufficed if properly applied in non-epidemic times, to ward off the emergency altogether.

By the way, before quitting the subject of smallpox I may mention an experience which confirms the belief that revaccinated persons, if not absolutely secure against the disease altogether, enjoy at least immunity from severe attacks. The London Postoffice gives employment to an average number of ten thousand five hundred and four persons, all of whom are required to undergo revaccination on admission to the service, unless that operation had been performed within seven years previous. Among these persons, from 1870 to 1879 there was not a single fatal case of smallpox, and in only ten instances were there slight attacks. In the Telegraph Department, where the regulations are not so strictly carried out, twelve cases

occurred during the same period among a staff averaging only one thousand four hundred and fifty-eight persons. Eight of these attacks were of persons who had not been revaccinated, and one proved fatal. The remaining four were of revaccinated persons who all recovered perfectly without pitting. Evidence more conclusive could hardly be imagined.

A curious case of intestinal obstruction caused by a wine-bottle is reported from the West Staffordshire Infirmary by Mr. Dunnett Spanton, a very able surgeon. The patient, who was troubled with seat-worms, was in the habit of introducing butter into the rectum to destroy them. On the afternoon of the accident, in order to pass the butter further up the bowel, he laid it on a piece of paper on the mouth of a hock-bottle, which he placed on a stool, and then, sitting on this, gradually introduced the bottle entirely within the rectum. He was unable to remove it, but did not call assistance till 10 o'clock that night, when a medical man attempted ineffectually to remove it. He was brought to the hospital about noon the following day, and careful attempts were made to withdraw the bottle, but the hands of the medical officers were too large to pass between it and the pelvis. The mouth of the bottle could be detected on the left side of the abdomen near the short ribs, and by applying pressure on that part great assistance was obtained. An incision, under chloroform, made backward between the coccyx and tuber ischii, allowed more room, but still there was no success, although all sorts of forceps, cords, etc., were tried. The following day, the patient's symptoms having become urgent, the abdominal wall was cut through in the left linea semilunaris, and the bowel opened in the descending colon and the bottle drawn out. A morphia suppository having been introduced into the rectum, the wound was brought together by a continuous catgut suture, and the abdominal cavity closed with deep and superficial sutures. The patient rallied well at first from the operation, but sank and died the next day. At the post-mortem examination the abdominal cavity was found to be distended, and on examining the bowel the wound in the middle

third of the descending colon was found to have united. There had been no oozing of feces into the peritoneal cavity. The rectum, sigmoid flexure, and colon were not lacerated, but there were ecchymosed patches on the lower part of the rectum. The bottle was eleven inches long, having a diameter of two inches and a half at its bottom, gradually tapering to its summit, and its smoothness, which rendered its introduction so easy, was the main source of difficulty in its removal. Its edge lay firmly against the concavity of the sacrum, and any attempt to extract it in the axis of the pelvic outlet caused the mouth of the bottle to impinge against the promontory of the lumbar vertebræ. The man must have suffered severely from worms to adopt such an extraordinary measure to dislodge them.

The notes of a case of considerable interest in these days of antiseptic surgery were lately read before the Clinical Society by Mr. Pearce Gould. The point was briefly this: A healthy country lad was operated on for a bad rickety deformity of the left tibia. Strict antiseptic precautions were observed, and the bone was divided with a chisel, which, on account of the extreme hardness of the bone, had to be introduced into the wound three times. The lad slept well, and next morning was free from pain; but at noon vomiting and diarrhea came on, and in the evening collapse set in, and he died thirty-six hours after the operation. The presence of septic intoxication was negatived by the absence of any sufficient source of infection, and of pyrexia by the absence of inflammation of the stomach, kidneys, and lungs, by the absence of any general visceral congestion and capillary congestion. The wound itself showed no unhealthy symptoms, the medulla of the divided bone was not crushed, and no sign of fat embolism was any where apparent.

As the injection of any irritant might be excluded, Mr. Gould discussed the question of the production of the fatal illness by carbolic acid. He showed that the vomiting, diarrhea, nervous symptoms, and temperature were quite in accord with the symptoms undoubtedly produced by the acid, although the suppression was a new fact. As nothing was before known of the



minute changes in the apparently healthy organs in carbolic intoxication, we had to rely on the symptoms only for deciding the cause. The quantity of acid absorbed was probably very small indeed, but children were more susceptible to its influence than adults. Idiosyncrasy also played an important part in such cases, and there was no evidence of the minimum fatal dose of the acid in man. In conclusion, Mr. Gould maintained it was a case of carbolic intoxication. Mr. Lister, the president, who agreed with Mr. Gould in his opinion as to the cause of death, said he had discovered that oil of eucalyptus was a perfect substitute for carbolic acid, and was both non-irritating to the skin and non-poisonous to the system. The volatile oil could be fixed by dammar-gum; and for gauze he recommended a mixture containing oil of eucalyptus, one part; dammar, three parts; paraffin, three parts. He could assert it was a most reliable antiseptic, and might be employed when the use of carbolic acid was inadvisable.

His Majesty the King of Sweden and Norway, who with his Queen has been staying for some weeks at Bournemouth, laid the foundation-stone of a new establishment, the "Mont Dore," the other day. The "Mont Dore" has been started by a limited liability-company, the directors of which are almost all well-known medical men. It is intended to be a winter and summer residence for visitors to Bournemouth, and accommodation is to be provided on a very complete scale for invalids. It is designed for one hundred and fifty residents, and will contain a large room suitable for concerts and private entertainments, and bowling, croquet, and lawn-tennis grounds will be laid out in the garden. After the ceremony the King of Sweden was entertained at a luncheon in the town hall, Dr. Alfred Meadows, the chairman of the company, being in the chair. His Majesty, in returning thanks for the toast of the health of himself and the Queen, proposed "the welfare of Bournemouth," and spoke highly of the gratification they had derived from their stay at that town. Bournemouth has been steadily rising in estimation as a winter-resort for some years. It is well sheltered from the

East and Northeast, while the extensive pine woods afford those special emanations which are thought so beneficial in many affections of the throat and lungs. The scenery is lovely in the extreme, and even in the height of summer the air is never oppressively hot and enervating, as there is generally a pleasant breeze from the sea.

Dr. Le Comte, of Paris, has made a very sensible suggestion with regard to aid to wounded on the battle-field. Seeing that a very large percentage of deaths occur from primary hemorrhage, he advises that all soldiers should be tattooed over the various spots at which the principal arteries may be compressed, and thus death, from loss of blood, at least, can be warded off till skilled assistance is procured.

There is considerable satisfaction among the medical profession over the election of Dr. Danford Thomas to the vacant coronership of Central Middlesex, particularly at my own hospital of St. Mary's, of which school he is an old student. This office is one of the best medical prizes in the country, the official salary being upward of £2,500, while the duties, properly performed, are of the highest public and social utility.

I must bring my letter to a somewhat abrupt conclusion, as I am extremely pressed for time at the present moment.

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27th May, Lat. O. B. D.  $50^{\circ} 56' N.$ , Long. Chron.  $13^{\circ} 55' W.$

*My Dear Ewing:*

The when of this writing is plain to see; the where is another matter. To locate the spot you will need a chart and several instruments in use among navigators, none of which I can send you just now. I only know I am on the ocean and exceedingly anxious to get off it. I am told we are within fifteen hours' run of Queenstown—phonetically Queenstun—where, however, we shall not land, but push on to Liverpool, which longed-for and long-deferred place we shall reach D. V. Sunday morning.

We embarked at New York Wednesday the 18th in the good

ship Scythia, commanded by Capt. Murphy, with whom I sailed three years ago in the Abyssinia. During the three first days I kept my state-room. My meat and my drink was Apollinaris water, and no great quantity of that. My companions were Mrs. Y. and seasickness. The first sometimes left me; the latter not for one moment. The first could be both coaxed and driven away; the latter was immovable, fixed, relentless. On the fourth day, however, the sea put on a more placid face, and I ventured up among mankind, with which the vessel literally swarmed; and I have managed by dint of much recumbency and draw-poker with a wholesome limit to escape the more explosive attack of my enemy, though the dull, soddening weight which settles down on my brain with the first onset of nausea persists as on all previous voyages, wherever these have been, whether on the hoarse Atlantic, the classic Mediterranean, or the Peaceful sea. My lot on salt water is like the policeman's—not a happy one. I am so much better in all respects, however, than on any former occasion that I have ventured to undertake to write you a line—a letter if I can, to be posted when we reach Queenstown.

\* \* \* \* \*

There are many people in this great ship. Some we knew when we set sail; others we have come to know since we started. Some are old, some young—in age, in fact, stretching from him who wears the lean and slippered pantaloons to the puling babe; some handsome, some plain, some homely, one or more hideously ugly; some grave, some gay, some happy; all in their kind more or less agreeable; a few charming; all polite, obliging, courteous; some who, like Ulysses, have traveled much and much endured, abound in narrative and anecdote, are rich in fun, wit, and humor. Among them are representatives of almost all the Caucasian race. There are ministers divine and ministers plenipotentiary, and women divine and women not divine; doctors of law, doctors of medicine, English gentlemen and English snobs, American gentlemen and American sniffs, belles and beaux, misses and “old stagers,” matrons and maids,

walking, sitting, lying, lounging, running, sleeping, drinking, eating, talking, listening, laughing, crying, sick, well, wooing, gossiping, yarning, yawning, swearing, praying, singing, sighing—all mingling pleasantly in one homogeneous whole, forming a veritable cosmos in mid-ocean.

The person I have been most with since I came on deck is a Scotchman, well in the thirties, who has led a roving life, passing several years of it at the Cape of Good Hope, where he has herded sheep, worked in the diamond-fields, and chased ostriches. He told me much that was new to me concerning the three pursuits; but as you do not like to return to mutton, and are never likely to own a diamond-field, I thought you might perhaps be interested in learning something of the habits and behavior of the birds which furnish the feathers now so much worn by ladies of wealth and fashion.

The Cape forms a portion of the native land of the ostrich. Here he roamed in great flocks over the vast plains of the dark continent almost unmolested. Too fleet of foot to be overtaken by the horses, and too wary to be entrapped by the rude devices of the natives, he was, when fully grown, rarely killed, and then only by poisoned arrows and being driven along with the buffalo, the deer, and the antelope into the great pits annually dug by the savages for the purpose of securing their winter-supply of food. When the bird was killed the feathers were plucked, and went either to decorate the black brow of some native chief or found their way to the marts of the white man. The nests were occasionally discovered and robbed, the eggs being eaten by the savages. At other times the nests were closely watched, and the moment the young birds were hatched they were caught and taken to the huts of their captors to be raised as barn-door fowls or carried to the settlements of the whites and sold for a trifle in coin or a plug of tobacco. Here they were treated as pets, and grew up about the house and grounds as others of the domestic animals. The feathers of these tame birds were not utilized, and the birds themselves could be bought for a few dollars each.

Such was the status of the ostrich on the Cape ten or twelve



years ago. About this time Col. Douglas, a British officer, undertook to grow the bird for profit. He purchased such birds as were in the hands of the settlers about Elizabeth, and in the season employed Caffres to collect the eggs of the wild ostrich or catch the very young birds. He thus soon acquired a number of young and some old birds. These he inclosed on a large farm and had them looked after by his Caffre servants. His next step was to construct an artificial incubator. This he soon succeeded in doing, and the eggs that are laid on his place and such as he obtains otherwise are now all hatched artificially. The period of incubation occupies forty-two days. During precisely half this time the temperature of the boxes in which the eggs are placed is kept uniformly, day and night, at  $103^{\circ}$  to  $105^{\circ}$  F. The ovum quickens on the twenty-first day. The heat is now reduced to  $98^{\circ}$  or  $99^{\circ}$  F. and maintained at that until the young bird bursts his shell. Throughout the entire time the process demands much care and constant watching. The eggs require to be aired and moistened at least once a day. Toward the close of incubation a hole is drilled in the end of each egg, in order to render it easier for the chick to make his way out. It sometimes becomes necessary to assist the youngster into the world by breaking the shell over his head. For a day or two after being hatched the chicks are placed in covered baskets and kept warm. They are then put out, and the shells from which they emerged so shortly before are pounded into small bits and thrown to them as food. They soon begin to peck at the white particles, and in a little time go regularly to eating whatever is offered them. They are very gentle when raised by hand, and when young are excessively stupid and helpless—stupider than goslings, following their keepers quite like so many puppies or lambs.

The ostrich is well nigh omnivorous, and his appetite is almost insatiable. When food is handy he eats literally from morning till night, devouring every thing which is of a size to swallow. Scraps of old iron and glass, glass beads, nails, brass buttons and other buttons, pocket-knives, combs, tooth-brushes,

all disappear down his long but capacious throat, and by his powerful gizzard are gradually ground to powder. Silver and gold coin he digests with perfect ease; but copper pieces render him a dyspeptic, and if eaten in large quantities slowly kill him. He is also a heavy consumer of green things, being a great grass-, leaf-, twig-, weed-, and vegetable-eater; indeed almost every product of the farm is grist when brought to his mill. He is especially fond of Indian corn, which grows well on the Cape, and cabbages—two articles on which he is largely fed. When the corn is thrown to the birds they seize the nubbins or small ears in their bills, and tossing them in the air catch them in their mouths “on the fly” endwise and swallow them in a trice. They also require a great amount of limestone and gravel, quantities of which are kept within easy reach. They have an eye for bright or shining objects. Brass buttons are almost as attractive to the young ostrich as to some young ladies; and when brought within striking distance of his bill they must be sewed on very tightly, else he may wrench them off. He has been known to peck even at bright eyes, sometimes destroying them.

The ostrich lives to great age—certainly fifty or sixty years, perhaps longer; and when fully grown weighs between one hundred and fifty and two hundred and fifty pounds. The bones of his leg are considerably larger than your wrist. On coming from the shell the sexes are of much the same color—a light brown. Very soon the male becomes darker, and when grown is of a jet black. The female grows into a sober drab. When a year or two old the birds, following the law of selection, choose their partners, though family duties are not undertaken until they reach the age of discretion, which point they have fixed to be five years. At this time the ostrich is fully grown, and at the season when “the young man’s fancy lightly turns to thoughts of love” his also turns in the same direction. When he regularly “a-courting goes” he appears in his best attire. His jet-black coat is burnished to the last degree of glossiness, his tips are washed to snowy whiteness, while his dark-gray hose of every-day are donned for those of a beautiful pink color.



He seems quite conscious of the splendor of his make-up, and goes stalking about offering battle to ostrich-kind in general. It often happens that he has not long to wait before some bachelor or widower in equally gorgeous costume strides upon the scene, when the conflict at once begins. This is always sharp, and often fatal to one or other of the combatants. The belligerents first throw themselves flat on their breasts, beat the ground with their wings, utter at short intervals loud notes like the boom of distant cannon, rise, walk back some paces, and charge, striking with their feet straight from the shoulder out. If one be knocked down he is tramped upon and struck by his adversary until disabled, unless he should be able to rise and renew the conflict. Frequently their legs are broken in battle. The ostrich can not kick as a horse, but strikes a straight blow directly in front from his thigh. A strong bird hits with great force—sufficient at times to kill a man. The course of true love is sometimes no smoother with the ostrich gallant than with other bipeds. The quiet lady in drab does not invariably lend a willing ear to his suit, whereupon he knocks her about in a very brutal way; in return for which she occasionally keeps him waiting for a whole year before she consents to the nuptials. When finally the match is made they pass the honey-moon in search of some secluded spot, where they scoop out a shallow and very plain nest, in which the madam drops an egg every other day until the number reaches from fifteen to twenty. The more monotonous duties of housekeeping now fairly begin, and extend over a period of forty-two days, when, if the birds have not been molested, they are rewarded with a good-sized family. During the sitting-time the female occupies the nest during the day, while the male keeps a lookout; at night their places are reversed. As soon as the young birds are hatched they are taken by their parents to the tall grass, where they find food adapted to their tender bills and security against their most dangerous enemies, jackals and enormous hawks and eagles.

Notwithstanding his very sober air, the ostrich has his amusements and pastimes. Among these, waltzing is perhaps the most

popular. This he indulges in often, and sometimes, as do some unfeathered bipeds, to great excess. His is a really energetic performance, and consists in standing on one leg and spinning round and round on that as rapidly as he can. It sometimes happens in wet weather that he slips and snaps his leg; when if he be domesticated he is knocked on the head, or if wild he falls a victim to some one of his natural enemies.

The domesticated ostrich is restricted in his peregrinations by fences, like other domestic animals. These fences on the Cape are usually built of stone, topped sometimes by wire. In order to prevent the birds from injuring themselves against the wire, the top wires are hung here and there with bits of rag or rope or other objects which can readily be seen; for when frightened and running the ostrich dashes along almost as if blind to all things below the level of his head. On reaching an ordinary stonefence when running he rushes against it, and often, by getting his long toes between the stones, succeeds in tumbling on t'other side. It was thought that by cutting off the hind or smaller toe he would be less likely to escape; but while this was found to lessen his grip, it also rendered him more liable to slip and break his leg when he gave himself up to the intoxicating movements of the waltz.

There is no animal of which the ostrich has such mortal terror as the dog. Hence dogs and ostriches can not be kept on the same farm. The bare sight of a dog alarms them beyond measure; and if one moves toward them they take to their heels, and in their terror dash against whatever lies before them.

The female domestic ostrich is not permitted to sit on the eggs. She is fed most liberally during the laying-season, in order that she may produce the largest number of eggs, these being removed as rapidly as they are deposited in her shallow nest and set aside for artificial hatching. For convenience' sake the birds are kept in small inclosures throughout the laying-time. Vigorous and well-fed birds have been known to lay as many as thirty eggs, though twenty eggs would about express

the average. When very hearty they sometimes lay daily. More generally, however, they go to the nest only every other day. During this period the male bird occasionally becomes very cross, and gives chase to all persons coming near his home, making it very difficult at times to approach the nest. When this is the case the keeper provides himself with a long wooden fork, which indeed he is never without when among the birds at this season, and as the angry husband dashes at him he catches his long neck between the prongs of his fork and cuts short a blow which if received would possibly break one or more of his ribs and might by chance actually kill him. Should the bird, however, succeed in delivering his lick and fell the man, the latter lies prone upon the ground and feigns to be dead, whereupon the ostrich will walk slowly around him, ready at the least movement on the part of his victim to pound him again. After being satisfied that he has killed his man, he strides grandly away to communicate the pleasant intelligence to the partner of his bosom, who during all this time has been a silent but interested spectator of the prowess of her lord. Persons to whom they are not accustomed are peculiarly obnoxious to certain male birds at this season, and if encountered in their pastures are generally chased. An unfortunate person of this kind occasionally finds a neighboring tree a convenient place of refuge, to which elevated perch his pursuer sometimes confines him for a whole day, walking meantime slowly round and round his captive, occasionally throwing himself on his breast, beating the ground with his wings, and uttering his booming notes of defiance.

The ostrich is a marvel of fleetness of foot. For a dash of three miles no horse—not even “Tom Bolin”—can catch him. But beyond this he can not “stay.” In chasing him therefore the mounts are so placed that he has fresh ones turned loose on him at the end of every mile; so that after speeding five or six miles he falls flat, wholly exhausted, oftentimes dying of fright and fatigue combined. As the wild bird when grown can never be domesticated, he is, when captured, killed and plucked, and

his great carcass left for the jackal, the wolf, or the eagle. In the domestic state he is plucked twice a year—in the spring and the autumn. The feathers under his wings are the most valuable. When plucking-season arrives he is driven into narrow inclosures—so narrow that he can not turn and strike—and his feathers either pulled out, or, what is better, clipped near their lower ends with long shears. When the latter means is adopted the birds are again penned at the end of a few weeks, and the stubs, now grown loose, are easily removed without pain or any flow of blood. The annual value of the pluck of a flock of ostriches will average from twenty-five to thirty-five dollars each. The cost of a pair of young birds is from twenty-five to thirty dollars. The value of a pair of guaranteed birds—that is, birds known to be good layers—say birds at seven years old—is fifteen hundred dollars.

And now, my dear boy, this is about as much ostrich as is good for you at one sitting. I gathered what I have jotted down from my Scotch acquaintance as we lay lazily sunning ourselves on the deck of the *Scythia*. I am sure it is trustworthy. I hope it will prove interesting. At any rate it is the best I can do while engaged in “climbing the ever-climbing wave” and yearning to gain the end of this seemingly-endless horizon. My head is thick and all in a buzz, while my hand is a-weary. My thoughts fly back across the wide waste which separates us; and as the light has grown quite too dim to allow me to trace the lines on the paper, I can but put up my pencil and go down to my berth, commending you, my dear boy, and all you love to Him who formed the deep and fashioned the stars which look down on it. Good night.

TO EWING WATTERSON.



## Reviews.

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**A Treatise on the Diseases of the Nervous System.** By WILLIAM A. HAMMOND, M.D., Surgeon-general U. S. Army (Retired List), Professor of Diseases of the Mind and Nervous System in the Medical Department of the City of New York, Member of the American Neurological Association and of the New York Neurological Society, of the New York County Medical Society, of the New York Medico-Legal Society, of the American Philosophical Society, Philadelphia, of the Academy of the Natural Sciences, Philadelphia; Fellow of the College of Physicians, Philadelphia; Fellow of the American Academy of the Arts and Sciences, Boston; Corresponding Member of the Anthropological Institute of Great Britain and Ireland; Honorary Member of the Royal Medico-Chirurgical Society of Edinburgh, of the British Medical Association, etc. With one hundred and twelve illustrations. Seventh edition, rewritten, enlarged, and improved. New York: D. Appleton & Co. 1881. Pp. 929.

This is a noted book by a notorious author. Its first issue was in 1871, and in five years the work ran through six editions; five of them were, however, dittos, but the sixth a revision. Now at the end of a decade the seventh edition is published, and it has also undergone revision with rescission and addition. It is somewhat ostentatiously announced in the preface, iterated and reiterated in the text, that the book has been translated into French and Italian; and one may well suppose that if it had been deemed important by the inhabitants of the Celestial Empire or the author the treatise would also have been translated into Chinese.

A genius signifies a man with an active mind and rich imagination, his intellect asymmetrically developed, some one faculty of the mind dominating the others, reaching unreliable conclusions by intuition rather than by ratiocination. A man of talent is one of great intellect symmetrically developed, all the powers

of his mind evenly balanced and coming to reliable conclusions through correct reasoning on a just appreciation of all the evidence in hand. Dr. Hammond is a genius, not a man of talent. For many years he has been a most industrious investigator in medical science, and since 1865 his labors and his writings have been chiefly in the department of neurology. In this he has attained great notoriety of a character that some esteem most honorable fame and some otherwise. He has been a daring experimenter, an extensive reader, and a prolific writer. He possesses vast stores of knowledge, and all his writings contain valuable material, original or borrowed, mixed with glittering rubbish, badly assorted, illy arranged, and inadequately handled, leading to conclusions mostly stated with positiveness, but generally to be received *cum grano salis*. The overshadowing quality of his writings is a supreme egoism. He is self-asserting in all professional relations, and undoubtedly regards himself as the greatest living neurologist, and manifests spitefulness toward any one who does not accept his teachings at the value himself places upon them; and as professional doubting Thomases are abundant this keeps him always at enmity with somebody—a sort of salamander existence he seems to enjoy.

Touching the character of the book under notice, the author as a prefatory remark says that “it rests to a great extent on my own observation and experience, and is therefore no mere compilation. The reader will readily perceive that I have views of my own on every disease considered, and that I have not hesitated to express them.” Accepting this, and with a clear apprehension of the peculiar characteristics of the author, his work on Diseases of the Nervous System may be commended to the general practitioner as a most desirable and profitable one, and the present edition an advance on its predecessors.

An important alteration of the present issue is the omission of all matter concerning insanity, and this for the assigned reason that the author “is preparing a special treatise on this important subject.” There might have been other omissions for other reasons without detracting from the value of the volume. For



example, his introduction is a description of the instruments and apparatus employed in the diagnosis and treatment of nervous diseases, and there are given pictures with descriptive text of a "cephalohemometer," the application of which requires a hole to be trephined through the skull and the instrument screwed into the hole until its diaphragm presses the dura mater. It has no application in the diagnosis or treatment of disease of any kind, but it is the author's invention and he wants the world to know about it.

Additions have been made to this edition. "Among the chief of these is considerable amplification of the chapter on cerebral congestion, the introduction of a chapter on myxedema; of others on syphilis of the brain, the spinal cord, and the nerves; on the symptomatology of cerebral and cerebellar lesions; and a new section on diseases of the sympathetic nervous system. Material additions have also been made to the chapters on locomotor ataxia, progressive facial atrophy, chorea, epilepsy, neuralgia, and to many others to less extent."

The illustrations are good, bad, and indifferent, mostly indifferent; the printing and proof-reading are good, taking it for granted that philological monstrosities (urinemia, for example) are specimens of Hammondisms and not the oversight of a careless proof-reader.

It may be restated that the book is replete with good things from the author, from other authors, and contains a valuable resumé of the status of neurological science in medicine in the departments treated of in it, handicapped by the author's hasty conclusions and inexact methods. It is therefore a volume of much service to the trained mind or to the experienced physician, but is unfit for the student and not profitable to the physician freshly entered into the field of promiscuous practice.

J. F. H.

**A Manual of Diseases of the Throat and Nose.** By FRANCKE HUNTINGTON BOSWORTH, A.M., M.D., Lecturer on Diseases of the Throat in the Bellevue Hospital Medical College. New York: William Wood & Co. 1881. Royal octavo. Pp. 427.

The data which form the basis of this book embrace the observation and treatment by the author of something over eight thousand recorded cases, and in these cases, it is stated, is given the method of treatment and measure of success, as well as the difficulties and disappointments in their management and treatment. The first few chapters are devoted to a description of the use of the laryngoscope, the mucous membrane, methods of treating mucous membranes and the use of instruments, and the subject of taking cold. In speaking of the last topic the writer says, "The question is often put to the physician whether a catarrh will lead to the eventual development of lung-disorders, and it seems to me that the answer should be that it may and that it often does." This reply from so reliable a source should make more cautious those physicians who say that catarrh is a protection against phthisis. In regard to overheating of the body, Dr. Bosworth believes that seal-skin sacques, on account of the vanity or indolence of women, have caused more deaths than smallpox in New York in the last five years. As to the treatment of acute coryza, the author knows of nothing better than

Morphiæ sulph., . . . . . gr. ij ;

Bismuth. subcarbonat., . . . . . ʒj.

M. Div. in chart. No. 12. Sig. One powder to be snuffed into the nostril every half hour until relief is obtained.

In the treatment of chronic nasal catarrh, which so many people have and for which so few are treated, the parts after cleansing are to be medicated by the aid of Sass's spray-tubes or Richardson's hand-ball spray, the former being the better. Sulphate of zinc, tannin, chlorate of potash, and nitrate of silver are all recommended in hypertrophic nasal catarrh, keeping in view the fact that it is not well to apply any fluid to the nasal cavity

which causes pain or irritation. Where the hypertrophic tissue does not yield to medicated fluids, among other remedies there are pressure upon the parts by means of sponge tents, the application of the various acids, the actual cautery and the galvano-cautery. Of all the various resources, the galvano-cautery is recommended as affording the best results, and equally applicable to the nasal cavity proper and also to the vault of the pharynx. In acute laryngitis, besides keeping the patient in a warm, moist room, local applications by means of the laryngeal spray should be promptly made to the inflamed membrane. The solution used should be astringent and anodyne, and non-irritating.

The book treats thoroughly and clearly of the various forms of syphilis of the nose and surgical affections of the nose; also catarrhal affections of the larynx, laryngeal phthisis, syphilis of the larynx, stenosis, tumors, and neuroses of the larynx, and artificial openings into the air-passages. The instruments needed and the manner of treatment are fully represented by one hundred and seventy-five illustrations. The book is an excellent specimen of bookmaking, and Dr. Bosworth has honored himself and the profession by writing it.

A. M.

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**Atlas of Gynecology and Obstetrics**, edited by Dr. A. MARTIN, Professor of Gynecology in the University of Berlin. Containing four hundred and seventy-five black and thirty-seven colored illustrations. Supplemented by numerous illustrations from J. P. Maygrier's *Nouvelles Demonstrations d'Accouchements*. Cincinnati, O.: A. E. Wilde & Co., Publishers.

Martin's Atlas, of which the second German edition was issued in 1878, and an English edition recently in London, is certainly one of the most valuable collections of plates both for the obstetrician and gynecologist. To reproduce these plates, conjoining those of Maygrier, is certainly a most worthy enter-

prise of the American publisher. Comparing the four parts already issued with the originals in Martin's "Hand-Atlas," it is no extravagant praise to state that the reproduction has been most faithfully and admirably done. The parts, of which there will be fifteen, are issued at a dollar each—a price which seems very reasonable. We can confidently advise the purchase of this series as a wise investment on the part of any practitioner engaged in obstetrics and diseases of women. It is to be hoped the publisher will meet with a liberal support from the profession.

A word or two of criticism, or rather of inquiry, occurs. We do not understand why some of the plates, almost all in fact, are termed plates, while others are called tables. The letter-press of explanation commences with the fifth and includes only thirteen plates. Why are all the others omitted? Again, how does it happen that there is a gap from plate fifteen to plate twenty-three and then twenty-five comes next? There seems to us a little confusion in this matter, of which doubtless satisfactory explanations will be given, and when the work is finished all the plates will be in their proper place. Again, it seems strange that the *e* is omitted in D'Vutrepont, and the name given D'Vutrpoint. However, these are minor matters, and the very great merit of the work is not thus materially lessened.

## Clinic of the Month.

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COD-LIVER OIL IN PHTHISIS AND BRONCHITIS.—One of the most powerful expectorants is simply a little warm food in the stomach, and in cases of chronic bronchitis, in which the patients complain of violent coughing immediately after rising, one of the best expectorants is a glass of warm milk, either with or without a little rum, and a biscuit or a piece of bread about a quarter of an hour before they get up. (Dr. Brunton, in the *Lancet*.) A little warm beef tea will have a similar effect. After taking this for a short time they generally tell you that the sputum comes away much more easily than before, and they are not so much exhausted by it. But perhaps the remedy *par excellence*, not only in cases of phthisis but in chronic bronchitis, is cod-liver oil. Persons suffering from long-standing chronic bronchitis will often come to a hospital to beg for cod-liver oil, saying that it eases their cough far more than any cough mixture. Other oils or fats have not this power to the same extent as cod-liver oil. We can not say positively what the reason of this may be, but I think there is no doubt about the fact. My own belief is that cod-liver oil is more easily assimilated than other oils, and not only so, but more easily transformed into tissues themselves. Whether it owes this property to its admixture with biliary substances or to its chemical composition, we can not say. Dr. Weir Mitchell quotes a remark made by an old nurse, that "some fats are fast and some fats are fleeting, but cod-liver oil fat is soon wasted." By this she meant that there were differences in the kinds of fat accumulated under the subcutaneous tissues of men just as there are differences in subcutaneous fats which accumulate in horses. The horse fed on grass soon gets thin by hard work, while the fat laid on when the horse is feeding on hay and corn is much more permanent. Persons fattened on cod-liver oil soon lose the fatness again, and



this, I think, points to the power of ready transformation which the oil possesses. Supposing that it does possess this power, we can readily see how very advantageous it will be. In chronic bronchitis and in catarrh and pneumonia we have a rapid cell-growth, but want of development. The cells lining the respiratory cavities are produced in great numbers, but they do not grow as they ought to do. They remain more or less lymphoid cells instead of developing into proper epithelium. They so rapidly form and are thrown off so quickly that they have not time to get proper nutriment, and if they are to grow properly we must supply them, not with an ordinary kind of nutriment, but with one which is much more rapidly absorbed, and is capable of much more rapid transformation in the cell itself than the usual one. This power is, I believe, possessed by cod-liver oil, and to its quality of nourishing the rapidly-formed cells in the lungs. in cases of bronchitis and catarrhal pneumonia I believe its great curative power is owing.

CURIOUS FACTS IN PHYSIOLOGICAL MAGNETISM.—The French Association for the Advancement of Science met last month. (Medical and Surgical Reporter.) Among other interesting papers presented was one by M. Ziegler, of Geneva. This observer believes that he has discovered that two magnetized bars of metal, joined together in a certain manner, produce certain definite effects upon animals submitted to experimentation, which differ according to the angle of intersection. One of these bars can be replaced by terrestrial magnetism. It is concluded that terrestrial magnetism radiates in the same way as light or heat, and that its rays are refracted in passing through certain bodies, such as crystals and iron. The physiological effect of magnetism can be shown by concentrating its rays through a lens of soft iron on the heart of a rabbit, when circulatory disturbances will occur. Violent peristaltic movements are provoked by focusing in the same way the magnetic rays on the intestines. M. Carl Vogt, who read the paper, states that he has himself observed the effect produced on the bowel, and, without giving any



theoretical explanation of their mechanism, he believes that the discovery will lead to important results in physics, physiology, and medicine.

THE ODORS OF DISEASES.—Dr. Julius Althaus, concluding a lecture upon the Physiology and Pathology of the Olfactory Nerve (*Lancet*, May 21st), remarks that “whole treatises have been written upon the recognition of disease by sniffing. Dr. Heim, who was the popular physician of the day at Berlin some fifty years ago, recognized measles, scarlet fever, and smallpox by their peculiar smell on first entering a house, and before seeing the patient. Mr. Bernard, of Upton Park, has recently recorded in the *Lancet* two cases of smallpox in which the patients themselves perceived a dreadful smell, apparently just at the moment of being exposed to contagion; and one of them when suffering from the eruption said that his perspiration had the same smell as that which made him sick before. When attending Skoda’s clinique in Vienna twenty-five years ago I noticed that this celebrated teacher was in the habit of sniffing when approaching the bedside of patients suffering from the last stages of pneumonia, phthisis, typhoid fever, etc; and he would give a bad prognosis when he perceived what he called “the cadaverous smell.” Mr. Crompton, of Birmingham, has noticed a peculiar earthy smell from a body a week or a fortnight before death, which, he says, has never deceived him—an appropriate illustration of the saying “Earth to earth.” Dr. Begbie distinguished typhus and typhoid fevers by the sanguineous (others call it “mousey”) smell of the former. Prof. Parkes has noticed a peculiar odor in the skin of cholera patients. A pungent smell in the chamber of a lying-in woman shows that lacteal secretion is well established, while an ammoniacal smell has been said to indicate the approach of puerperal fever. Many women emit a peculiar odor while menstruating, which resembles a mixture of blood and chloroform; and this is believed to arise not so much from the discharge as from the more pungent character of the sweat secreted in the axilla. Persons of a costive

habit have a fecal smell, and this is also often noticed in hypochondriacs and lunatics. In uremia, whether owing to kidney-disease or to severe retention of urine, a nitrous odor is emitted by the body; and the presence of pus in some part of the body has been recognized by a peculiar warm-milky smell of the patient.

Apart from the odor of the sick-room and the body generally the smell of the sputa, urine, feces, sweat, ulcers, etc. was carefully noted by the older practitioners, and utilized for prognosis and treatment. Unquestionably there was much that was fanciful in such ideas; but occupied as we are at present with the study of more precise and definite symptoms, we have, perhaps, gone to the other extreme in neglecting such symptoms altogether. Every body has his own special odor, and this varies according to the circumstances of life, the food taken, and the state of health in which he happens to be. That it should be altered in disease, and that special diseases should have special odors, is only what one would expect; yet the increase of cleanliness and ventilation has no doubt done away with a large variety of smells which formerly used to assail the nostrils of the physician."

VALUE OF ANTISEPTIC TREATMENT.—Prof. Von Nussbaum, in the course of a lecture entitled the "Influence of Antiseptics upon Legal Medicine" (Edinburgh Medical Journal, May), speaks as follows: "The mortality among cases treated by the antiseptic method is much less than among those treated according to the older plans of dressing, etc. In my surgical clinic the death-rate has been reduced by one half since the introduction of antiseptics. The cases which now end fatally are chiefly those suffering from tuberculosis, carcinoma, severe crushing or burning, marasmus, cases of suicide, etc. Head-injuries, which formerly contracted erysipelas, and very frequently died from secondary meningitis, now heal up in a few days without any of these complications. Cases of severe wounds, which formerly had fever of several weeks' duration, along with profuse suppuration, and

frequently died of pyemia, now heal up in a few days without fever, constitutional disturbance, or risk. The mortality among cases of injury has fallen almost to *nil*. Head-injuries had formerly a frightful mortality in this hospital. A great number of those pugilists whom we have among us now, who receive head-injuries from blows with measuring-jugs, or murderous strokes on the head, formerly often died from purulent meningitis; now they all leave the hospital quite recovered in fourteen to twenty days; and all this is no chance, but, if the case comes at once into the hands of an antiseptic practitioner, we can say for certain, if no mistake is made here then no unfortunate result will follow—no prolonged suppuration nor high fever, but the case will run a safe and satisfactory course.

ASPHYXIA OF THE NEW-BORN—SUCCESS OF DR. LE BON'S METHOD.—Dr. Goyard (*La France Médicale*) narrates a case of asphyxia in an infant where the method advised by Dr. Gustave Le Bon was successfully used. The history of the labor was briefly this: The patient was eighteen years old, primipara, fetus left occipito-posterior position; the parturient attacked with a series of severe convulsions threatening life of both mother and child; the amniotic liquor containing meconium discharged; the fetal heart-sounds no longer heard; when the forceps were applied the occiput remaining posteriorly; and delivery effected thus without lesion to mother or child. The infant at full term and well formed gave no indication of life. Efforts were at once made for its resuscitation. Placed on a pillow and surrounded with warm cloths, insufflation with the tube of Ribemont was first tried, then mouth-to-mouth insufflation with intermittent compression of the thorax, then electrization of the intercostal muscles; but all in vain. Then other means were also vainly tried, such as irritation of the fauces with a feather, friction of the body with warm rum, flagellation. After an hour and a half of persevering efforts all hope seemed lost; the small body was quite cold. At this extreme moment, says Dr. Goyard, "appealing to all resources of memory or inspiration, I recalled the meth-

od of Dr. Le Bon. A hot bath was at once procured. The water was at a temperature of about  $40^{\circ}$  to  $50^{\circ}$  C., for I could scarcely keep my hand in it. I plunged the infant in, and scarcely thirty seconds passed before quite a strong inspiration was made. Others followed, and not five minutes passed before we had a beautiful infant full of life and health."

CHROMICIZED CATGUT LIGATURE.—Dr. Wm. MacEwen, of Glasgow, in a recent lecture said:

Carbolized gut softens and yields in about forty-eight hours, and therefore in certain cases it may be necessary to use a ligature which would maintain its constricting force for a longer period. With a view of obtaining a ligature which would serve this end, I made during the past few years a series of experiments with catgut prepared in chromic acid and glycerin; and without going into detail concerning these investigations it is sufficient to say that ligatures were obtained which admirably serve the purpose for which they were intended. They are prepared by making, first, a watery solution of chromic acid (one to five); then one part of this solution is added to twenty of glycerin. This forms a dark greenish compound, in which the hanks of catgut are inserted and retained for seven or eight months, the bottle containing them being occasionally shaken. At the end of this time the catgut acquires a semi-translucency, and has a dark color like preserved ginger. It is then ready for use, and is stored in a solution of carbolic acid and glycerin (one to ten). The size of the catgut which is of most use in the ligation of large arteries (excluding such as the innominate) is the medium, and this size has been very frequently tested since 1877. In the shape of deep sutures this gut has been, and, as you see, is daily being used in the wards. In this way we are enabled to ascertain its behavior while in contact with the living tissues, and it has been very satisfactory.

OPHTHALMIA NEONATORUM.—To prevent this, Olshausen recommends the use of a two-per-cent solution of carbolic acid. Immediately after the child's birth, or even before the expulsion of the trunk, the eyelids are bathed with this solution before they have yet been opened, and at the first opportunity the conjunctival sac is washed out with the same solution. By this means he has reduced the proportion of cases occurring at his



clinic from twelve in every hundred children born alive to between three and four; and even when the affection occurs it is much oftener limited to one eye than was the case before. This method of treatment was suggested to him by his colleague, Dr. A. Graefe. (New York Medical Journal.)

DR. MCCLINTOCK ON THE USE OF FORCEPS.—At a recent meeting of the Dublin Obstetrical Society, Dr. McClintock made the following remarks as to the frequency with which he used the obstetric forceps: "When I first began to practice I used the forceps very frequently. My predecessor in the Rotunda Hospital, Dr. Johnston, used it on an average in one case out of every ten. During the first two years of my Mastership I used it once in every fourteen cases, and during the last couple of years I used it only once in every twenty or twenty-two cases. As my experience increased I came to the conclusion that the very frequent use of the forceps was not conducive to the well-being of either the mother or the child. I believe that, so far from saving infantile life, the too frequent use of the instrument, especially in what is called the high operation, is not followed by the permanent vitality of the child, though it may be born alive so far as breathing is concerned." (Dublin Journal of Medical Science, May, 1881.)

OBSTINATE HICCOUGH.—Dr. Bangs related to the New York Clinical Society the history of a case of obstinate hiccough (New York Med. Journal for June):

The patient was an elderly gentleman who had been under treatment for enlarged prostate. He was seized with hiccough, which persisted except when he was eating or sleeping. Camphor was the remedy first employed, and it had a slight moderating effect. Belladonna and bromide of potassium had no controlling effect. Musk, when first given produced relief for two hours. The patient was weak and despondent, and if awake at night would suffer as during the day. Dr. Alonzo Clark, in consultation, had suggested cupping over the origin of the phrenic nerves, but no benefit attended that treatment. Morphia produced no effect. At the end of the eighth day Dr. Ham-



mond was called in consultation. No lesion of the cord was believed to exist, and the trouble was thought to be caused by general disturbance of the nervous system, the patient being an overworked and feeble old man. Bromide of sodium in fifteen-grain doses, charcoal, pepsin, and valerianate of ammonium were given. During twenty-four hours the patient was awake for three hours only, and when he finally awoke he was refreshed and free from hiccough. Ten years before he had had an attack which lasted nine days, and was relieved by fifteen-drop doses of spirit of camphor every fifteen minutes. Dr. Delavan mentioned the case of a gentleman of seventy-three years, who had an attack of hiccough which lasted more than three weeks. Medicinal treatment seemed fruitless. His physician, by a peremptory order, could always interrupt the hiccough during his presence. Dr. Katzenbach had read of a case of nine months' duration, which was relieved only by the passage of an esophageal probang.

QUINTAN INTERMITTENT.—Dr. G. A. Collamore, in the *Obstetric Gazette*:

Mrs. M., third confinement. An attack of intermittent fever came on a week or two after labor. After some irregularities it finally resulted in the quintan form. After an interval of three days the fourth would be attended by a severe chill and high fever, the temperature rising during the paroxysm to  $105.5^{\circ}$ . When the exact period of intermission became settled the disease yielded readily to quinine. During a somewhat extended experience in malarial diseases, this is the first specimen I have seen of any but the ordinary quotidians, tertians, and quartans. Flint, Watson, and Ziemssen mention these varieties, but Wood, Reynolds, and Bartholow do not. Flint terms them "the rarest of rare clinical curiosities."

MALARIA IN SURGERY.—Verneuil (*Journal de Médecine de Bordeaux*, May 1, 1881) claims that it has been demonstrated, first, that the malarial poison engenders directly a certain number of external affections, apparently of spontaneous origin, but in reality, symptoms of malarial poisoning. Second, that it influences generally in morbid manner the progress and termination of intercurrent and pre-existing surgical affections. Third, that it acts very frequently and strongly on the reparative progress of accidental or operation wounds, interfering with

or arresting their progress; that it creates by means of these wounds grave complications. Fourth, that traumatism in its turn exercises very often an action on malarial infection, it awakens or aggravates it, and it is not rare to see these two morbid conditions work together in a vicious circle to the great damage of the patient. These conclusions of Verneuil, while perhaps too strongly put, seem not without value in guarding against certain possibilities of malarial infection in surgical cases.

**CARBOLIC-SPRAY POISONING.**—Mr. Gould, of London, lately reported to the Clinical Society of London a case of death from this cause. All the symptoms of carbolic-acid poisoning were present. Mr. Lister, in commenting on the case, said that “carbolic acid is too powerful an agent to be safely applied to delicate subjects.” He commends, as a perfectly non-poisonous substitute, the oil of eucalyptus. In 1867 and '8 and '9—along there—carbolic acid was almost universally believed in as a nearly universal preventive and cure for disease. Afterward its power came to be doubted and its employment was vastly diminished. Mr. Lister, however, remained its faithful, earnest, and eloquent champion, and by his persistent and plausible teachings the majority of surgeons all over the world have been brought to its use. And now Mr. Lister gives it a blow from which it will not recover. It will die, this carbolic-spray treatment; but it will die slowly, of course, and many of the disciples of Lister will be faithful to it long after he shall have totally turned his back upon it.

**TINCTURE OF IODINE IN AGUE.**—Half a score of years ago this old remedy in malarial diseases was recommended by some doctor, and for a while it moved around at a lively rate in the whirlpool of medical-journal extracts. Finally it drifted out and was apparently forgotten. A couple of years or more ago it got into the eddy again, and since has continued to circle about. Too much reliable testimony has been given in its favor for its

antiperiodic power to be denied, but in the writer's hands it has not given satisfaction. The iodide of potash—noble and puissant drug—is almost a specific in relieving the pain and engorgement of the malarial spleen, and in intermittent fever the writer has known it to prove an efficient remedy in several well-marked cases.

CONTAGION FROM MILK.—As the results of a recent careful study of this subject (*Ibid.*), Mr. A. H. Smee, of London, says that the food of milch cows affects the quality of the milk; that milk can be a vehicle of contagion in three ways—by direct communication through the water used for adulteration, or for cleansing; by absorption through the exposure of the milk to deleterious gases; and in extreme cases by alterations in the milk itself from altered secretion in diseased animals. The methods which are now employed are not sufficiently delicate to detect the minute changes which take place in milk.

SOOTHING OINTMENT.—Dr. McCall Anderson recommends the following as the best application for inflamed surfaces that he has tried:

|                  |           |       |
|------------------|-----------|-------|
| R Bismuth. oxyd, | . . . . . | 25.0  |
| Acid. oleici,    | . . . . . | 200.0 |
| Ceræ alb.,       | . . . . . | 75.0  |
| Vaselini,        | . . . . . | 225.0 |
| Ol. rosæ,        | . . . . . | 0.25  |

CORROSIVE SUBLIMATE IN DYSENTERY.—This remedy, given in half-minim doses of the liquor hydrargyri bichloridi of the British Pharmacopeia, administered hourly, speedily and infallibly cures dysentery (barring the tropical and infantile forms), according to Dr. March in the London Med. Times and Gazette.

MYCOSIS OF THE TRACHEA.—A German physician, Dr. Hertenrich, has lately cured a case of this rare affection by iodine inhalations used thrice daily for two weeks. Carbolic inhalations totally failed to do good. Parasitic affections of the ear and nose

are of more frequent occurrence than of the air-passages. In all these cases the questions arise, Is the parasite a cause or a consequence of disease? or is it first a consequence and next an aggravation? or is it of itself the sole source of the morbid phenomena?

ACETIC-ACID INJECTIONS IN TUMOR OF THE BREAST.—Ten or a dozen or more years ago the journals were filled with accounts of the cures wrought by this substance. It was claimed that, freely injected into the cancerous gland, destruction without inflammation or pain was brought about and a cure effected. Dr. Aubril, a Frenchman, has lately reported the cure of a mammary tumor by this method. This treatment was formerly fully tried and finally discarded as unsatisfactory.

TREATMENT OF THE DIARRHEA OF PHTHISIS.—Dr. C. T. Williams (*Lancet*, June 11th and 18th) states that three different kinds of diarrhea are met with in the course of phthisis: first, that arising from acidity of the primæ viæ; second, from intestinal ulceration; third, from lardaceous disease of the intestines. A great deal of the diarrhea connected with the first stage of phthisis is attributable to the first cause, and many practitioners think when they have allayed this they have arrested ulceration, whereas they have only got rid of dyspepsia. After narrating several cases he thus sums up the treatment:

The treatment of the first form of diarrhea need not detain us long, as it consists of simply correcting the dietary and ordering a few doses of alterative and purgative medicine with some alkali to reduce the acidity.

The second form—that arising from ulceration—requires very careful attention. The great point to be kept in view is the healing of the ulcers, and this can only be obtained by shielding them from irritable substances and by promoting a healthy granulated action. The treatment in fact resolves itself into three sets of measures.

1. Rest in bed, and the administration of only such food as can be quickly and easily assimilated without causing much distension of the intestine or accumulation of flatus. Such are chicken broth, beef and veal tea, milk gruel, blancmange, always combined with liquor pancre-



aticus, and prepared after the admirable methods of Dr. Wm. Roberts, of Manchester. Dr. Jagielski recommends koumiss specially in these cases.

2. Warm applications to the abdomen in the form of linseed poultices, turpentine stupes, or hot water fomentations, to reduce the pain and promote a certain degree of derivation to the skin. If the pain be severe I have found the application of a small blister over the area of tenderness, on pressure, as recommended by Dr. J. E. Pollock, very advantageous. I have noticed in some obstinate cases that when the blister has risen the diarrhea has been considerably reduced, and pain existing in the abdomen at the time has subsided.

3. Internal medicines. When we have reason to believe that the ulceration is slight and confined to the small intestine, the diarrhea may be treated with bismuth and opium or by some astringents. The liquor bismuthi et ammoniæ citratis (B. P.) is a convenient form, but not always so effective as the powdered carbonate or nitrate of bismuth in ten- to twenty-grain doses. Dover's powder combined with it in ten-grain doses is often effective. The most powerful astringent is sulphate of copper in quarter- to half-grain doses combined with half grain to a grain of solid opium. Of the various vegetable astringents I have found tannic acid in four-grain doses to answer best, far better than rhatany and catechu; but in all cases I combine it with a certain amount of opium, to reduce the irritability of the ulcers. Indian bael, especially a preparation of the fresh fruit, is often efficacious in checking the diarrhea if the ulceration be limited. If, however, the ulceration attack the large intestine as well as the small, it is obvious that mere local treatment is advisable, and recourse should be had to injections or suppositories. The enema opii (B. P.) administered twice a day is sometimes sufficient, and may be strengthened by the addition of acetate of lead, four grains to an injection, or of tannic acid, five grains. This is a small injection, and it is doubtful how far its local effect reaches. Where the ulceration is very extensive, and involves the greater part of the large intestine, an attempt ought to be made to apply remedies more thoroughly to the mucous membrane; and for this purpose injections of larger amount—from a pint to a pint and a half—may be used, consisting of gruel, or of starch, or, best of all, of linseed tea, and all containing a certain quantity of opium (thirty to forty minims of the tincture). I would specially recommend the linseed tea, as it seems to exercise the same beneficial result on the ulcers of the large intestine as it does in follicular ulceration of the throat. One of the most obstinate cases of intestinal tubercular ulceration I ever witnessed yielded to linseed-tea injections after almost every other



treatment had been vainly tried—the ulcers apparently healing, the diarrhea ceasing, and the patient living for two years afterward and dying of pulmonary lesions. In cases where the stools are very fetid I have added glycerin or carbolic acid to the injection with advantage. In many cases, however, it is desirable to give the large intestine as much rest as possible, and not to stretch the ulcerated membrane through any distension by fluids. In these cases suppositories of morphia (from half a grain to a grain), or of the compound lead one, or of those of tannic acid are indicated, and the treatment of the diarrhea arising from lardaceous degeneration of the intestine is not very hopeful.

Where the very channels of assimilation—viz. the villi—have undergone degeneration, as well as the various structures from which the succus entericus is poured out, it is difficult to see how the treatment can restore the lost tissue. Dr. Dickinson's researches show that the loss of alkali is the chief characteristic of the disease. Dr. Marcet's analyses show that the chief chemical feature is deficiency of phosphoric acid and potash, and excess of soda and chlorine; and on this principle we should give phosphates of potash. When, however, the disease has so far advanced as to reach the intestine it may be considered beyond any effective general treatment. We must be content to restrain the diarrhea, if we can, by astringents—the more powerful the better. Tannic acid in from two- to four-grain doses, with dilute sulphuric acid, sulphate of copper, or sulphate of zinc, are the most useful, and injections of these substances do some good.

VOMITING OF PREGNANCY.—Dr. John S. Warren, of New York, says:

The one remedy which in my hands has before all others proved the most efficient in alleviating the distress, if not for curing the complaint, is Fowler's solution of arsenic, administered in drop doses upon an empty stomach. When thus given, and with a restricted diet, it has seemed to me to come nearer to a specific for this neurosis than any other." (College and Clinical Record.)

LOW TEMPERATURE.—Dr. Walter Mendelssohn (New York Medical Record of June 4), reports a case in which the rectal temperature was at first examination  $90.6^{\circ}$ . The patient, though being a case of dementia, did not manifest morbid symptoms other than those apparently due to dementia.

**SUGGESTIONS IN TOOTHACHE.**—At the last meeting of the Odontological Society, of Great Britain, Mr. Stocken read a paper on "The Value of Certain Remedies in the Constitutional Treatment of Inflammatory Conditions of the Vascular Tooth-Structures, and of Neuralgia Arising Therefrom." (Medical and Surgical Reporter.) His conclusion was that, in simple neuralgia of the fifth pair, gelseminum, either with or without aconite, would effect a cure, or at least afford considerable relief. If the pain was due to congestion or inflammation of the pulp or periosteum, he would prescribe also chloride of ammonium. While in chronic periostitis with suppuration, sulphide of calcium gave results which were in the highest degree satisfactory, cutting short the attacks in the most remarkable manner. He was of opinion that dental surgeons do not generally give sufficient attention to the constitutional treatment of the cases under their care.

**BROMIDE OF SODIUM AND CHLORAL-HYDRATE IN TRISMUS AND TETANUS NEONATORUM.**—In the *Memorabilien*, May 20, 1881, is reported a case of the above very fatal malady which recovered:

A child five days old under the care of Dr. Trafayer became affected with trismus, so that it could be fed only with a spoon by prying its mouth open. The child was given a mixture of bromide of sodium, sixty centigrams; choral hydrate, fifty centigrams; water, seventy grams; of this a teaspoonful every hour.

On the fourth day tetanus affected the whole body, beside the arms and fingers were very rigid. In the mixture previously given the chloral was increased to eighty centigrams. After three weeks the spasms became rare and the dose was gradually decreased, and in fifteen weeks every symptom had disappeared.

**PESSARY MADE OF FLESH.**—Von Nussbaum proposes that a pessary be made by folding up the anterior wall of the vagina and securing with mattress needles.

Two drams of glycerin taken with the meal will frequently prevent flatulency and acidity of the stomach. Lactopeptin added enhances its efficacy.

**LUMBAGO.**—This affection is usually promptly cured by galvanization of the affected muscles. In my experience in this class of cases, strong currents are most beneficial; attacks resisting the current from 15 to 20 cups of Siemens and Halske have promptly yielded to 40 to 60. The applications should be made twice a day for the first few days, and afterward daily until a cure is effected. Recent cases are sometimes cured by a single application. The best results are obtained by transverse currents. (Bartholow's Medical Electricity.)

**GRINDELIA ROBUSTA.**—This medicine is being revived again as a remedy for asthma. Where the fluid extract is pure it certainly often is of great service in this wretched malady. It should be given in dram or half dram doses hourly or half-hourly during the paroxysms, and less frequently after relief is obtained; but should be continued some days. The fluid extract is also often of service in the poison-oak eruption applied externally.

**CURABILITY OF CANCER.**—Professor T. G. Richardson teaches the local origin of cancer, and thorough extirpation of the growth and the adjacent healthy tissues as the proper mode of treatment. He believes that eighty-five to ninety per cent of epitheliomata and scirrhus cancers, upon which he has operated, have been permanently cured. (N. O. Medical and Surgical Journal.)

**NERVE-CUTTING AND STRETCHING.**—Holmes, McCormac, Bennett, Marshall, Bastion, Cavafy, and Buzzard, of London, have lately been stretching nerves for sciatica, ataxia, etc., and suturing divided nerves, with satisfactory results. Pain was greatly lessened by the stretching, and long-lost function has been restored by trimming and suturing an ulnar nerve that had long since been divided.

## Notes and Queries.

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FETOMETRIA.—Dr. Marchionneschi, of Pisa, has been engaged in studying the measurements of the fetus. Budin and Ribemont gave the results of a similar study, confined, however, to the dimensions of the head of the fetus, in the *Archives de Tocologie*, 1879. Budin states (*Archives de Tocologie*, June, 1881) that Dr. Marchionneschi's results almost absolutely confirm his own, which included two hundred and eleven personal observations. These, embracing two hundred and two, give a greater force to certain conclusions which have been formulated and which oppose certain views held by Clarke, Sir James Simpson, Pfannuch, and others. These conclusions are, first, that the diameters of the fetal head are not greater in boys than in girls, the weights being equal; second, that the dimensions of the head, diameters and circumferences, and the entire length of the body increase progressively as the weight of the fetus; third, that the increase of the dimensions of the head and of the length of the body, if they are progressive, nevertheless are far from being proportional to the weight of the child.

Among other results of Dr. Marchionneschi's investigations is this, that measuring from the umbilicus to the top of the head, and from the umbilicus to the feet, he finds that the umbilico-cephalic measurement is in females greater than the umbilicopodalic, the reverse being the fact in males. This conclusion, however, Budin disputes.

INFECUNDITY.—In a recent discussion upon this subject in the *Société de Biologie* some interesting statements were made.

M. Sinéty adduced several facts proving that persons having perfect spermatozoa may nevertheless be infecund.

M. Sanson mentioned that some years ago he had a sow impregnated by a young boar. A litter of five pigs, two male and



three female, resulted. One only of the males could copulate. His sperm had perfect spermatozoa and quite active. Repeated copulations between this male and the three females occurred without impregnation. He then had these sows put to a boar that was known to have progeny, but the result was negative. The presence of spermatozoa then is not sufficient to insure fecundation. There are in this act a certain number of causes independent of spermatozoa, which yet escape us. It is known that often perfect spermatozoa are found in the mule.

M. Hallopeau knew a young man who had had double orchitis, who was married, but had no children, though having spermatozoa perfectly developed. Eight years after his marriage his wife became pregnant, though not by him. That proved the infecundity depended upon him, not upon her.

M. Poncet cited several facts which he had observed in Mexico seeming to prove that marriages between first cousins are habitually infecund.

M. Sanson thought the question of consanguineous marriages had been a long time settled. It had been proved time and again that there was nothing in consanguinity which could induce sterility. It is quite certain that consanguineous marriages are as fertile as others. Researches in reference to consanguinity have proved but one thing, that it brings heredity to its highest power.

**VOLKMANN'S OPERATION FOR HYDROCELE.**—Wm. Gardner reports three successful cases in which he performed this operation for radical cure. Operating under carbolic spray, he made an incision the whole length of the scrotum through all the tissues to the tunica vaginalis, which he then opened and divided to the same extent with probe-pointed scissors (*Austral. Med. Jour.* Jan'y, 1881). The tunica vaginalis was then stitched to the skin by several points of interrupted suture, and after the insertion of a drainage-tube at the lower angle the whole was brought together with deep wire sutures. Antiseptic dressings were applied, and in a few days the wounds were healed. He



says that the advantages of the operation are: 1. "The absolute certainty of cure within a fortnight if antiseptic precautions are observed. 2. The smallness of the risk, as evidenced by Volkmann's list of seventy cases without a death. 3. The simplicity of the operation. 4. So far as at present known, the operation is never followed by orchitis, as has been the case with the injection treatment. 5. This advantage has been pointed out by Mr. MacCormac in the following words: 'That a diagnosis in doubtful cases is thereby made easy, and a tumor of the testicle, of which the hydrocele is a symptom, may be thus examined, and perhaps in some cases treated by immediate removal or in others by incision.'" (St. Louis Courier of Medicine.)

DR. GEORGE JOHNSON'S DIET FOR EXCESS OF FAT.—The patient *may eat* lean mutton and beef, veal, lamb, tongue, sweetbread, soups not thickened, beef tea and broths, poultry, game, fish, cheese, eggs, bread *in moderation*, greens, spinach, watercress, mustard, and cress, lettuce, asparagus, celery, radishes, French beans, green peas, Brussels sprouts, cabbage, cauliflower, onions, broccoli, sea-kale, jellies flavored but not sweetened, fresh fruit in moderation, without sugar or cream, pickles.

*May not eat:* Fat bacon and ham, fat of meat, butter, cream, sugar, potatoes, carrots, parsnips, beet-root, rice, arrowroot, sago, tapioca, macaroni, vermicelli, semolina, custard, pastry, and pudding of all kinds, sweet cakes.

*May drink:* Tea, coffee, cocoa from nibs, with milk, but without cream or sugar, dry wines of any kind in moderation, brandy, whisky, or gin, in moderation, without sugar, light bitter beer, Apollinaris-water, soda-water, seltzer-water.

*May not drink:* Milk, except sparingly, porter and stout, sweet ales, sweet wines. As a rule alcoholic liquors should be **taken** very sparingly and never without food.

SKIN-DISEASE is so common in China, owing to the crowded population and filth, that the Chinese have a proverb, "Out of ten men *eleven* of them have itch."

ANOMALOUS LIQUOR AMNII AND PARTIAL DECOMPOSITION OF THE PLACENTA.—The following interesting case is communicated by E. H. Hale, M.D., of Jonesboro, Texas :

I was called to attend to Mrs. W., age forty, the mother of six children, in her seventh confinement. I found a head presentation, the os uteri pretty well dilated, membranes not ruptured. Mrs. W. remarked to me that she thought the child dead, as she had not felt any movement for three days. The membranes soon ruptured, and there was a gush of fluid so different to the feeling of my hand from the liquor amnii, that I withdrew my hand and found adhering to it a brown substance about the consistence of syrup, also small lumps of the same substance. The odor was so offensive that it was difficult to remain near. The labor terminated soon in the birth of a well developed male child weighing eight and a half pounds. I had but little trouble in establishing respiration.

I found the placenta in the vagina. The cord was unusually small and very long, not possessing strength enough to dislodge the placenta which I removed with my hand. There was altogether not less than a half gallon of the dark amniotic fluid escaped. The point of especial interest was the almost entire decomposition of the membranes of the cord and of the placenta itself. A thorough examination showed that a small portion of the center of the placenta, two inches in diameter was solid and somewhat natural, the balance having been broken down with the fingers. The child lived and the mother made a speedy recovery.

Desormeaux and Dubois state that the liquor amnii is sometimes found cloudy, brown, sanguinolent, greenish, and of very fetid odor, without the infant having materially suffered. EDS.

MARECHAL SALAD.—Boil two heads of lettuce, then cut each in eight pieces, add some minced potatoes, sprigs of cauliflower, string beans, and cold slaw, all boiled in salt water. Strain and mix in some chopped gherkins, beets, anchovies, capers, and small white pickled onions. Roast some little bread balls crisp, dip them in olive oil, and add to the foregoing. Serve in a salad bowl garnished with hard-boiled eggs, anchovies, and herbs. [This is from the Sanitarian! And an ostrich could not digest it.]

DR. GREENSVILLE DOWELL, of Texas, is dead.

BROMIDE OF POTASSIUM AND MORPHIA IN HYDROPHOBIA—A RECLAMATION.—Dr. James I. Rooker, of Castleton, Ind., sends the following communication in regard to the treatment of hydrophobia. He says:

Is hydrophobia curable? The weight of authority favors a negative answer. Such distinguished writers as Bollinger, Flint, Erichsen, Trousseau, George B. Wood, and others give the very slightest hope of a cure with any remedies.

There are undoubtedly cases which have recovered, and a special commission of the Medical Press in 1878 reported in a number of collected cases ten recoveries which were genuine.

Thomas Moore, F.R.C.S., in the London Lancet, December, 1879, reports a case of hydrophobia which was cured by morphia hypodermically, and bromide of potassium. I would claim on behalf of American medicine the priority in the use of the above remedies in the treatment of hydrophobia, and refer to the Western Journal of Medicine for 1867, which contains a report of the case.

The patient after exhibiting most violently all the diagnostic symptoms given by authors, finally recovered under the use of morphia, bromide of potassium, and mercurials; she was also kept under the influence of chloroform most of the time for the first five or six days.

After my report of this case was in print, I learned that the dog which bit my patient also bit a neighbor's horse which died in a short time from hydrophobia.

I do not claim that bromide of potassium was a specific in this case, but I do think it was a valuable adjuvant.

PISCATORIAL.—Doctor, who is off on a little fishing excursion, to his assistant: "Tell every body I am off to the country in attendance upon a bad case." "But patients are so curious," was the response, "what shall I say of the case; give it a name." "Well, call it, let me see—yes, call it a case of *ichthyosis*." (Cin. Lancet.)

DEOD. TINCT. IODINE can be obtained in a few seconds by the aid of a small piece of caustic potash added to the ordinary tincture, the result being a solution of iodoform. (Pacific Med. and Surg. Journal.)

WHEN MEN ARE AT THEIR BEST.—Dr. Beard states that from an analysis of the lives of a thousand representative men in all the great branches of the human family, he made the discovery that the golden decade was between forty and fifty; the brazen between twenty and thirty; the iron between fifty and sixty. (*Michigan Medical News.*) The superiority of youth and middle age over old age in original work appears all the greater when we consider the fact that all the positions of honor and prestige, professorships and public stations are in the hands of the old. Reputation, like money and position, is mainly confined to the old. Men are not widely known until long after they have done the work that gave them fame. Portraits of men are delusions; statutes are false! They are taken when men have become famous, which, on the average is at least twenty-five years after they did the work which gave them their fame. Original work requires enthusiasm. If all the original work done by men under forty-five were annihilated they would be reduced to barbarism. Men are at their best at that time when enthusiasm and experience are almost evenly balanced. This period, on the average, is from thirty-eight to forty. After this the law is that experience increases, but enthusiasm decreases. Of course there are exceptions.

MALE WET-NURSES.—The Col. and Clin. Record: In Dunglison's *Physiology* three cases are cited: A bishop of Cork related the case of a man who suckled his child after the death of his wife. Humboldt adduced the case of a man thirty-two years of age who nursed his child for five months on the secretion from his breasts. Professor Hall, of the University of Maryland, exhibited to his obstetrical class in the year 1827, a colored man fifty-five years of age, who had large, soft, well-formed mammæ, rather more conical than those of the female, and projecting fully seven inches from the chest, with perfect and large nipples. The glandular structure seemed, to the touch, to be exactly like that of the female. This man had officiated as wet-nurse for several years, in the family of his mistress, and he represented



that the secretion of milk was induced by applying the children intrusted to his care to the breast during the night. When the milk was no longer required, great difficulty was experienced in arresting the secretion.

INDIANA STATE MEDICAL SOCIETY.—The Indiana State Medical Society held its thirty-first annual meeting in Indianapolis May 18th, 19th, and 20th. This notice of the meeting should have appeared in the June number of the AMERICAN PRACTITIONER.

The president of the society, Dr. T. B. Harvey, called the meeting to order, and after the reports of the committees of arrangement and publication, Dr. Wm. Commons read a paper on trichina.

In the afternoon the following papers were read and discussed: Trichinosis, by Dr. J. H. Alexander; Cretaceous Biliary Fistula, by Dr. R. A. Davis; the Cold Bath in Pneumonitis, by Dr. L. D. Waterman; and Amputation of the Knee-joint, by Dr. R. E. Haughton.

On the subject of Medical Legislation two reports were presented. After trying in vain to harmonize these reports the matter was finally referred to a committee of five, which reported later in the afternoon, censuring the members of the society who were members of the last legislature for opposing the medical legislation which the society had recommended at its previous session. The committee also advised that the old committee on medical legislation be discharged and a new one appointed to prepare a bill and report to the society at its next meeting. This report was finally adopted, although there was considerable opposition manifested by several members who were members of the last legislature. There were several medical members, however, of the last legislature who worked hard for the bill recommended by the society, among them Dr. Yancey, Dr. Gardner, and Dr. Van Vorhis, and it was certainly not intended that they should be censured.

As usual Allen County came to the society with a fuss on its



hands, which had to be considered by a special committee. If the trouble keeps on brewing in Allen County it will become a chronic malady in a few more years.

On Wednesday evening the president, Dr. Harvey, delivered an interesting popular address, on the subject of the Advance in Medicine, to a large audience.

Other papers were read by Dr. Caddy, of Lafayette, Dr. J. S. Dare, of Bloomingdale, Dr. J. W. Hervey on The Ruling Forces, Dr. Charles on Tobacco and its Toxic Effects. Several other papers were referred to the committee on publication without reading.

On Thursday evening Dr. Speed, of Louisville, by invitation addressed the society on Sanitary Science. The lecture was most pleasing and instructive, and it is hoped he will come again.

The Society after the address adjourned to the Indiana Medical College, where a reception and banquet were given them by the professors and trustees of the institution.

There were in attendance during the session of the society about two hundred and fifty members. The officers elect for the ensuing year are: President, Dr. Marshall Sexton; Vice-president, Dr. F. J. Van Vorhis; Secretary, Dr. E. S. Elder; Treasurer, Dr. G. W. H. Kemper; Assistant Secretary, Dr. G. W. Burton; Librarian, Dr. L. L. Todd.

THE MEDICO-CHIRURGICAL SOCIETY of this city held its annual meeting Friday night, June 10th, and elected the following officers for the ensuing year: Dr. W. O. Roberts, president; Dr. J. B. Marvin, vice-president; and Dr. J. G. Cecil, secretary and treasurer.

THE trustees of the University of Louisville have appointed Dr. Wm. O. Roberts Adjunct Professor of Surgery in that institution.

THE YELLOW FEVER.—Cases of yellow fever have been reported at Havana and at Vera Cruz.

CARLYLE ON FEMALE PHYSICIANS.—In a recent posthumous letter by the sage of Chelsea occurs the following (*The Obstetric Gazette*):

I have never doubted but the true and noble function of a woman in this world was, is, and forever will be that of being a wife and a helpmate to a worthy man, and discharging well the duties that devolve on her in consequence, as mother of children and mistress of a household—duties high, noble, silently important as any that can fall to a human creature; duties which, if well discharged, constitute woman, in a soft, beautiful, and almost sacred way, the queen of the world; and which, by her natural faculties, graces, strengths, weaknesses, are in every way indicated as specially hers. The true destiny of a woman, therefore, is to wed a man she can love and esteem, and to lead noiselessly under his protection, with all the wisdom, grace, and heroism that is in her, the life prescribed in consequence.

It seems, furthermore, indubitable that if a woman miss this destiny or have renounced it she has every right, before God and man, to take up whatever honest employment she can find open to her in the world. Probably there are several or many employments now exclusively in the hands of men for which women might be more or less fit—printing, tailoring, weaving, clerking, etc., etc. That medicine is intrinsically not unfit for them is proved from the fact that in much more sound and earnest ages than ours, before the medical profession rose into being, they were virtually the physicians and surgeons, as well as sick-nurses—all that the world had. Their form of intellect, their sympathy, their wonderful acuteness of observation, etc., seem to indicate in them peculiar qualities for dealing with disease, and evidently in certain departments (that of female diseases) they have quite peculiar opportunities of being useful.

CATALEPSY.—Dr. Edward C. Mann reports this case in the *Medical and Surgical Reporter*, June 18th:

A patient sitting at my dinner-table, who had placed herself under my care, presented the following typical symptoms and manifestations of a cataleptic attack, which serve very well to illustrate the disease as it generally appears. The lady in question, while in the act of conveying a morsel of food to her mouth, became suddenly rigid and pale, the arm being arrested in its passage, and being immovably fixed with the fork a few inches from the mouth. The whole body was as motionless as if the patient were carved out of stone. The

eyes presented a widely-opened, staring condition, and consciousness and sensibility were entirely suspended. Respiration could not be detected, and the pulse-wave could not be felt at all. In about four minutes the patient sighed deeply, made a full inspiration, and resumed her dinner, quite unaware of what had happened to her. Patients sometimes retain full consciousness during an attack. These cases are of interest to the practitioner, although comparatively rare, as the cataleptic paroxysm or fit annoys and disturbs the patient's mind, lest they should come on while traveling or away from home and friends. Although the fits generally last but a few minutes, they may possibly last for several hours and in extreme instances may last for days. The chief indications for treatment are to improve the general nervous tone by nerve-tonics and electricity; induce the patient to lead an outdoor life, eat regularly, avoid rich, indigestible food; to retire early; and if the patient complain of a sleepless condition to administer the bromide of lithium in five-grain doses at bedtime, or the Fothergill's solution of hydrobromic acid in fifteen to thirty-drop doses in water. I have found the constant current the most serviceable, under the form of central galvanization.

ALCOHOL IN THE ATMOSPHERE.—According to certain 'researches of Muntz (Buffalo Medical Journal), recently communicated at the March 7th session of the French Academy of Science (*Bulletin Generale de Therapeutique Medicale et Chirurgicale*, March 30, 1881), alcohol is formed in great abundance on the surface of the earth, in the soil, and at the sea-bottom from the decomposition of organic matter, and that, obedient to the laws of vapor-tension, it passes into the atmosphere. These facts, if proved, will tend to vitiate certain medico-legal investigations dependent on the recognition of the presence of alcohol.

RECTAL EXPLORATION—STORER'S METHOD RE-DISCOVERED.—In the first number of the American Journal of Obstetrics, May, 1868, Dr. H. R. Storer described his method of exposing the rectum for examination in these words: "By passing the finger into the vagina and pressing it downward and backward over the levator ani the rectum can be everted through its sphincter like the finger of a glove." And now comes the famous Dr. Tarnier, of Paris, making known in the last May number of the

*Annales de Gynecologie*, this very method originating with him ! Thirteen years is a long time for our French friends to await this knowledge. Tarnier doubtless is honest, but his honesty is that of ignorance, and not to him but to Dr. Storer belongs the credit of priority in making known this valuable method of rectal exploration.

MULIER.—In reading a recent medical address we found a quotation from “Mulier”—probably a mistake for Molière, though really the idea conveyed in the words quoted is essentially Montaigne’s—our thoughts turned to one of the many good things in Guy Patin’s delightful letters. Guy Patin was a doctor, and of course a gentleman, and could not have made such an ungallant remark as to woman ; but he quotes “Monsieur de Villeroy, the great Secretary of State, who has a bad wife (he is not the only one, the race is not dead),” as asserting, “In Latin woman was *mulier*, that is to say, *mule hier*, *mule demain*, *mule toujours*.”

WORSE THAN A CRIME.—A very great blunder was committed by some one at the last meeting of the Indiana Medical Society in the failure to reappoint Dr. Allison Maxwell chairman of the Committee of Publication. Dr. M. had discharged the duties faithfully, intelligently, promptly, and until some one with superior or equal qualifications for the responsible place was found, ought to have been retained.

# THE AMERICAN PRACTITIONER.

AUGUST, 1881.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ACCIDENTS TO THE PERINEUM AFTER PARTURITION.

BY JAS. F. HIBBERD, M.D.

Relying on the knowledge obtained from text-books and the teachings from collegiate chairs on obstetrics, the young accoucheur who has delivered a woman with her perineum intact would not suppose it liable to subsequent accident as a consequence of the labor. Indeed the veteran obstetrician, after long and large experience, may, under like conditions, entertain a like conviction; and yet both are liable to be in error.

In my own case many years had elapsed as a general practitioner and a large number of labors had been attended before I became aware that a mother's perineum might melt away after labor, and yet no signs of the impending evil be present during the parturient effort, at least none that could be appreciated; and to me the circumstances associated with the obtaining of this bit of late knowledge are impressive.

On the 23d of January, 1862, I attended Mrs. A. in her first



confinement. The labor was tedious and somewhat severe, but was normal and without accident. Recuperation was slow. The patient had not a vigorous constitution at best, generally having some ailment of which to complain, and now in childbed had more than the usual number of complaints to make; but none of them attracted my attention to her genitals as being the seat of changes unusual in puerperal women.

Her health remaining imperfect, about a year after her confinement she consulted Dr. X., who asserted that he found her perineum destroyed, and promptly declared that it was my neglect during labor that permitted it to be ruptured, and that either my ignorance or my intentional deception had kept the victim in the dark concerning her real situation. The feelings of Dr. X. toward me were such that while he was sorry the patient was the subject of such a misfortune he was not distressed to have an opportunity to accuse me of professional imperfection. But he was a careful observer and a cultivated physician, and I had no doubt he found a defective perineum, and all I could say in behalf of myself was that with my manner of conducting a labor and my attention to the external organs of generation at the close of the third stage it seemed to me impossible that a rupture of the perineum at that time could have occurred without my knowledge; and there was nothing of the kind happened to Mrs. A., so far as I knew. Still Dr. X. maintained that he found a ruptured perineum of long standing; there was no known cause for such a condition except the birth of a child; that a large child had been born a year before under my superintendence; and, whether I knew it or not, then was when the disaster occurred. This was such a statement as convinced Mr. and Mrs. A. and their friends of its truth, and all interested doctors except myself, while I was fully assured in my own thoughts that, whatever Dr. X. may have found afterward, there had been no rupture of Mrs. A.'s perineum during her labor, and if such were her condition now, it had arisen completely since her confinement from causes to me unknown. But when pressed I had to acknowledge that I had no experience of my own to justify

my opinion, nor was I able to point to the recorded experience of any one else to sustain it. And thus the affair rested—a continuing unpleasant reminiscence.

On the 7th of October, 1880, I attended Mrs. B. in her first confinement. The labor was tedious, the discharge of the liquor amnii having been the first intimation of the impending parturition, and occurring some hours before the accession of pain. The presentation was normal, the head passed slowly through the bony pelvis, and met with unusual resistance from the exterior soft parts. The pains were strong and expulsive, and the perineum seemed as if it must give way, but did not. At the completion of the third stage I made a specially careful digital examination, and found the perineum intact, but the inner soft wall of the lower vagina, especially the floor of the pelvis and the fourchette and the labia majora, torn and ragged to a degree much in advance of the average primipara, ugly and distressing as that usually is.

Mrs. B. did not recuperate as well as young mothers commonly do from first labors; but this did not surprise me, as she did not have as good a starting-ground, and belonged to a family the members of which suffered from many ills of imperfect constitutional vigor, summed up and named in the term strumous cachexia. The so-called lochial discharge was profuse, being, as I suppose, the sum of the lochial discharge proper from the womb and that from the contused and lacerated vagina and vulvar opening. The patient complained of great soreness in her genitals, which I anticipated and therefore did not deem exceptionably abnormal; but when on the ninth day the nurse reported something projecting from the vulva that was exceedingly tender and painful on touching I made ocular inspection and found a tag of torn tissue from the inside of the right labium majus projecting outside of the vulva, acutely inflamed and very tender, and a smaller one from the left labium less tender; and, what was vastly more important, the perineum in the median line for half its extent back from the posterior commissure was just separating in a somewhat wavy or zigzag form of ulceration, the skin appearing

to be in a condition of muddy, dirty degeneration for two or three lines on each side of the irregular fissure of complete solution of continuity; and yet the patient had made no complaint of suffering at this point, nor had the nurse noticed any thing wrong. Here then, after the lapse of eighteen years, I met with, by accident, what I instantly appropriated as an explanation of the mysteries of the case of Mrs. A.

In the case of Mrs. B. the rationale may be fairly stated thus: Her perineum was brought under a tension during labor a little short of the degree that would have ruptured it, but sufficient so to disturb the vital integrity of the proximate constituent elements of its tissues that they could not, under surrounding circumstances, regain their normal activity; and so, after a vain effort at recuperation for a few days, they abandoned the struggle, died, and went into dissolution; in which state I saw them while inspecting an associated but totally different lesion, the solution of the continuity of the perineum not having attracted the attention of the patient through pain nor that of the nurse by its appearance.

There is no doubt in my mind that the destruction of Mrs. A.'s perineum found by Dr. X. had a similar pathological genesis, progress, and termination; and I am the more apt to reach this conclusion because Mrs. A. had the like cachexia or defective constitutional stamina with Mrs. B.; and I fancy that this lack of general vital vigor has much to do with the lesion described.

After witnessing the sloughing of Mrs. B.'s perineum I appealed to Dr. Parvin to know whether his reading embraced similar cases, and am indebted to him for the perusal of a little volume by Dr. J. Matthews Duncan entitled "Papers on the Female Perineum," London, 1879, the sixth chapter of which treats of "post-partum sloughing of perineum and recto-vaginal septum simulating laceration." This chapter details two cases under the author's observation, and refers to a third reported by Dupuytren. Both Duncan's cases were in Maternity Hospital, Edinburgh—the first that of a healthy young woman during whose labor the child's head was long arrested by the perineum,

but was easily delivered with the forceps without even rupturing the fourchette. "After delivery there was observed a spot about three quarters of an inch in diameter, and slightly livid and prominent, midway between the anus and fourchette, which called for investigation. It was found by simultaneous external and vaginal examination that the tissues of the vagina were deeply lacerated above the prominent part of the perineum, and that the persistent textures, including the skin, were very thin at this point. Particular attention was paid to the discharges, which always appeared to be healthy and without fœtor. The parts were not visually examined till the ninth day after delivery, when the nurse called my attention to the state of the perineum. I then found that in the middle of the previously swollen part of the perineum there was a rounded opening sufficient to transmit a small cedar pencil into the vagina fully one eighth of an inch in diameter."

The second case was a primipara aged twenty-eight years with a rickety deformed pelvis, delivered after thirty-six hours' labor by podalic version, and perforating the head when brought to the brim of the pelvis. There was a rupture of the anterior part of the perineum and a crack or fissure of the skin extending to the verge of the anus. For seven days the perineum did well, the wound granulating; and on examination the anus was entire and sound. No further examination of the perineum was made by the doctor for five days, but it was regularly washed by the attending nurse. On the twelfth day Dr. Duncan found the perineum "completely divided in its whole length, the fissure extending through the sphincter and for an inch above the verge of the anus. The newly-observed wound was clean, but small portions of soft slough were observed about it. . . Except this great fissure no appearances of disease were observed."

Dr. Duncan attaches much importance to advanced age in primiparæ in the production of this and other injuries of the exterior soft parts. Undoubtedly he is correct in this idea; but in my two cases—assuming that Mrs. A. suffered similarly with Mrs. B.—both were comparatively young, Mrs. B. say twenty-



one and Mrs. A. say twenty-five, and therefore advanced age could not be counted a factor in the production of the disaster. Neither can we suppose simple distension of the perineum to be the sole cause, however severe, as every accoucheur of experience has witnessed repeatedly a stretching of the perineum to its utmost consistent with integrity and yet no sloughing take place. I deem it therefore a legitimate conclusion that in my cases besides the stretching of the perineum, the rupture of the fourchette, and the contusion and tearing of the tissues lining the vaginal and vulvar openings invariably associated with severe labors from large children in primiparæ there was the additional and decisive factor of vital activity of minor force or a general constitutional cachexia.

It seems to me also a fair deduction from the circumstances under which the cases of Dr. Duncan and myself were observed that it is probable that not a few cases of limited destruction of the perineum from post-partum sloughing have occurred and escaped notice from patient, nurse, and doctor.

RICHMOND, IND.

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## ANEURISM.

BY CHAS. C. F. GAY, M.D.,

*Surgeon to the Buffalo General Hospital.*

*Popliteal Aneurism treated first by Compression and subsequently by Ligation of the Superficial Femoral Artery—Recurrence of the Aneurism in four months.* W. K., aged twenty-seven years, was brought to my clinic on account of a small tumor within the popliteal space which had begun to give him trouble. The tumor was the size of a pullet's egg, very hard, and having a very slight pulsation and bruit. Patient complained of pain in the knee, which joint was partially flexed. Absence of pulsa-



tion in the tibial arteries about the ankle completed the symptoms the case at first presented.

Treatment by compression of the femoral artery was decided upon as a preliminary course, and it was accordingly begun in one week after entrance of patient to hospital. In the meantime the tumor had grown quite rapidly, having nearly doubled in size; the pulsation and bruit had also increased proportionately; while to the feel the tumor had become much more elastic. Limb below the knee was quite edematous. Pain in the knee was so severe as to require the administration of anodynes.

Instrumental pressure was employed, the artery being compressed beyond the point of division of the common femoral. The degree of force exerted was such as would permit of the bruit being very faintly heard. This was found also sufficient to abolish pulsation in the tumor, and at this time it was easily borne by the patient. Previous to compression the temperature in both popliteal spaces was the same, viz. 98° F. Twenty-four hours after compression was begun the condition of the limb was as follows: Temperature of the affected limb had fallen one degree; the whole limb was edematous, considerably swollen, and quite livid; pain in the knee had subsided; on the removal of pressure pulsation did not recur; and the bruit had diminished about one half in intensity. Up to this time pressure had been continuous. The only pain patient had suffered from was due to the pressure of the instrument over the artery.

At the end of forty-eight hours—pressure having been relaxed at intervals of four or six hours for short periods—no very marked change had taken place excepting a partial disappearance of the lividity of the limb. Owing to the tenderness of skin at points of compression the same degree of pressure had not been maintained, but the condition of the tumor was not perceptibly different from that of the previous twenty-four hours.

In seventy-two hours from commencement of treatment the edema and lividity of the limb had greatly subsided. As the tumor was not pulsating this was considered to indicate a good state of collateral circulation. Patient complained of burning

sensations in the foot. The bruit was more distinct than in the previous twenty-four hours. Owing to the intense pain at the point of compression frequent rests had been necessary, and on this account it was feared that some of the advantage gained would be lost.

Ninety-six hours from time of beginning compression it was abandoned, the patient being unable to bear the pain caused by the compressing apparatus. During the last twenty-four hours the compression was continued for short intervals, only with the result to allow of the return of the pulsation and bruit, though in a diminished degree. The tumor no longer felt elastic, but had the appearance of considerable lamination having taken place within it. The pain in the knee did not return with the other symptoms. There was evidently a change produced in the circulation in the collateral vessels which will greatly facilitate patient's recovery following ligation of the artery, which will be necessary for his relief.

Having tried compression most faithfully, I finally cut down upon and ligated the superficial femoral artery. The normal temperature of the limb was easily maintained by the application of hot water in bags and bottles. Even when artificial warmth was intermitted the temperature scarcely fell below the normal standard, which was regarded as evidence that collateral circulation had been well established. On the twentieth day the ligature was removed, and in another week the patient was able to return to his home, at which time there was but little diminution in the size of the tumor, no pulsation or bruit, and it was confidently believed that time alone was required to cause absorption of the contents of the tumor.

Nearly four months afterward the patient was again attacked with severe pain in his knee. The tumor had returned, and he applied to another surgeon for relief, who informs me that upon examination of the tumor there was absence of pulsation and bruit, which made it impossible for him to determine whether suppurative action in the sac was the cause of pain; that in order to determine its character it was decided to cut down upon

the tumor. Accordingly the tumor was exposed, and when grasped by the hand it burst. The sac was emptied of coagulum and ligatures placed above and below it. Hemorrhage was copious, and several ligatures were required in order to arrest it. The patient rallied slowly from the operation, and has since enjoyed immunity from aneurismal tumors. He has, however, some flexure of the leg, and is lame—probably from this cause.

*Traumatic Aneurism of the Right Subclavian Artery—Ligation of the Subclavian Artery—Death from Pneumo-pyothorax.* W. P., aged twenty-two years, was stabbed by a dirk-knife, the blade of which was six inches in length by three fourths of an inch in width, tapering to a point. The patient was without surgical attendance for twenty-four hours. During this time his friends estimated the loss of blood at two quarts. Twice was the hemorrhage arrested by syncope. At length a physician was called, who administered stimulants and nourishment; and after ten days' attendance, observing a pulsating tumor above the right clavicle, he requested my attendance. The tumor had been noticed three days before my visit, was increasing rapidly in size, and had now become very painful. It appeared about the size of the closed hand; was pyriform in shape, with apex looking upward and reaching nearly the margin of the trapezius muscle, and its base extending down behind the clavicle. Pressure upon the tumor was so painful that the stethoscope, when applied to its surface, could scarcely be borne. Pulsation was strong and violent, and the bruit distinct. The patient's arm at times was very painful, the fingers benumbed and at intervals felt dead. Patient had a troublesome cough. On percussion dullness was shown at the infra-clavicular region, and indeed dullness extended more or less over the entire right chest. The wound was closed, and the cicatrix was three fourths of an inch in length and just behind the clavicle.

The medical attendant concurred with me in the belief that the subclavian artery had been wounded. The position, however, of the apex of the tumor—namely, at the margin of the trapezius—led us to think that possibly the transversalis colli

was implicated, but the size of the aneurism was out of proportion to the size of this vessel. An operation was proposed at once, as the only measure that promised any relief to the patient. Assent was readily obtained, and a request that the necessary operation be performed without delay. Accordingly on the following day, in the presence of several medical gentlemen, I cut down upon and ligated the subclavian artery at the third portion of its course. I at first drew the ligature tight around the artery, and waited until I saw that all pulsation had ceased before the ligature was tied.

Twenty-four hours after the operation Dr. Burke, his medical attendant, and myself exchanged congratulations upon the patient's good condition. There was no pulsation nor pain in the tumor. The general aspect and courage of the patient were improved, but numbness of the fingers remained. The following day the patient began to grow worse, coughing violently, with profuse sweating. These symptoms continued up to the time of death, which occurred on the third day after the operation.

Necropsy showed that the right pleural cavity contained fluid and coagulated blood, with inflammatory products of serum and pus, the whole amount estimated at one quart. The right lung at its apex showed that it had been wounded. It was collapsed and undergoing decomposition. There was also some emphysema. Carrying the dissections up to the shoulder, coagulated blood was found to extend to the aneurismal tumor. This coagulum was firmly impacted or compressed beneath and around the sac, greatly imparting to the tumor dimensions which it did not really possess. The coagulum was removed from around the tumor, when the tumor proper was found to be about twice the size of a bantam's egg. Its contents were a firmly-organized clot of a lightish color and mottled, cone-shaped at one extremity and cupped at the other.

*Remarks.* The greater liability to recurrence of aneurismal tumors at the flexure of the knee and elbow than elsewhere is suggestive of the propriety of pressure by elastic bandage so



soon as the patient, after deligation, is able to rise from his bed. In the case of the patient W. K. no precautionary measures were resorted to in order to prevent return of the tumor. A patient on whom I operated more recently (March 3, 1881), by ligation of the femoral artery for popliteal aneurism, had a tumor twice the size of the one in the case above reported. Nearly five months have elapsed since the operation, and as yet there is not only no return of the tumor, but absolute disappearance of all vestige of it, the circumference of the two limbs around the knee being the same. In this case there was no pulsation in the tumor after deligation. It was hard and unyielding upon pressure, but its subsidence was slow. So soon as the patient was able to rise from bed the elastic bandage was applied from the foot up over the tumor and worn for two months or more.

Since these tumors are so apt to return at the flexure of the limbs, it seems unwise for surgeons to allow patients to rise from bed after operation without employment of support to the limb by the bandage either applied over the tumor, or, what is better, to carry it from the foot up above the tumor, and to continue its use until the tumor is wholly absorbed.

It has been recently suggested by some writer on aneurismal tumors that when they occur at the flexure of the limbs they should be cut down upon and exposed, the artery ligated above and below the sac, and the tumor extirpated like any other tumor; but while willing to call attention to this method of getting permanently rid of the ailment, I should be very loath to advise or practice it.

The kind and form of ligature to be employed for deligation of arteries is at this present moment engaging the attention of surgeons. While Richard Barwell is experimenting with the ox-aortic flat ligature, Lister is busily employed in the antiseptic preparation of the chromic catgut ligature. The flat, beyond question, is preferable to the round ligature, if it may be relied upon equally well or better to prevent secondary hemorrhage; but there have not yet, I think, been given to the profession sufficient number of cases to establish such claim of superiority.

It becomes necessary therefore to patiently wait for further experimentation, in order to learn what advantages these two forms of ligature possess over the silk ligature antiseptically prepared.

BUFFALO, N. Y.

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## SUNSTROKE.

BY ALLISON MAXWELL, M.D.

Sunstroke is not as was formerly considered, due alone to the direct rays of the sun upon the head, but is well known to result from an overheating of the blood from artificial or indirect heat. Recent cases of sunstroke in this city have called my attention to the following points, namely, the predisposing causes of sunstroke, the prevention and treatment of sunstroke. While an interne in the Cincinnati Hospital, there were many cases of insolation brought to that institution, and it was a patent fact that most of the cases occurred in drinking men, and that the prognosis in drinkers was unfavorable.

In this city in the second and third weeks in July I saw after death five cases of sunstroke. The history of these five men showed that they were addicted to the constant use of beer and whisky. All became comatose, or had convulsions and died within a few hours after the attack. In all these cases the temperature remained above the normal for some time after death. The temperature tested in two cases showed 105° F. four hours after death in one, and 107° F. two hours after death in the other. Although not seeing these cases until four and two hours respectively after death, the high temperature, the mottled appearance of the skin with a short history of the symptoms made a diagnosis easy.

During the past week I saw three cases of sunstroke in which the patients were temperate. These patients recovered. The

prevention of heat-stroke is a matter but slightly considered by the masses. "The great safeguard is the healthy play of all the functions of the body." Temperance in all things and cleanliness are additional safeguards. "Whatever checks elimination, whatever induces nerve-weariness or embarrasses the normal working of the organic system, powerfully predisposes to heat apoplexy." Hence excessive work, loss of sleep, and dram-drinking should be avoided.

In India, on the same day, Sir Charles Napier and forty-three other Europeans were prostrated from heat apoplexy. The forty-three died, and Sir Charles recovered, and explained his recovery by declaring that the sun found no ally of alcohol in his brain.

*Treatment.* Dr. H. C. Wood points out that there are two distinct classes of cases which are called sunstroke, and instances one case in which the temperature fell to  $95\frac{1}{4}^{\circ}$  F. and in another rose to  $108^{\circ}$  F. Sudden unconsciousness and delirium were developed in both cases. The treatment required in these cases certainly is not the same. In the latter case you would apply cold, and in the former heat and stimulants. Dr. Wood also recommends that after the temperature is reduced a hypodermic injection of quinia should be used to prevent a recurrence of the febrile action.

In a recent case the head was hot and the feet and body were cold. I had sinapisms put over the stomach and spine, and the feet put in a bucket of warm water, and ice to the head. The patient although in a comatose condition, soon became able to swallow some brandy and ammonia, and made a speedy recovery. The probability in this case is that the brain was in a condition similar to that in concussion of the brain, or congestive apoplexy, for as soon as the patient began to grow better she began vomiting as one does on coming out from concussion.

In St. Louis three years ago there were many cases of fatal sunstroke, and at that time there was much discussion in the papers and medical journals as to the treatment, and the conclusion reached was that while cold baths and cold applications

were valuable in some cases, they were very detrimental in others. It is generally believed that a superheated condition of the blood causes a paralysis of the vasomotor system of the brain and other organs of the body, and in this way coma is produced and sometimes immediate death by paralysis of the heart. How to relieve this condition is yet a disputed question, but in a collapsed condition with a cold surface, heat and irritation should be used, and stimulants by the mouth or hypodermically. Where there is a high temperature, the skin dry and hot, cold to the head and body are applicable, and in both varieties ergot hypodermically is recommended. If insensibility continue, a current of electricity or a blister to the nape of the neck and down the spinal column may be of advantage.

INDIANAPOLIS, IND.

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## A CASE OF LITHOTOMY.

BY JOHN CHAMBERS, M.D.

A. D., aged nine years, residing at Indianapolis, was seen in consultation with Dr. Theodore A. Wagner on March 11, 1881. The boy was apparently in good health, but had suffered from irritation of the bladder for several years. He was compelled to urinate frequently, each effort causing pain in the perineum and the end of the penis. On standing up the pain was worse and the stream interrupted, but when lying on his back the urine passed without difficulty or pain. He had been carefully sounded for stone, but with a negative result. It was then observed that the retraction of his rather long prepuce during micturition gave relief, and Dr. Wagner circumcised him with the view of overcoming possible reflex irritation. Slight relief followed the operation, but did not last.

The symptoms pointing so decidedly to stone in the bladder,



he was put under the influence of ether on the above date, when a stone was detected. It was supposed to be of moderate size, and as there were no contra-indications lithotomy was decided upon. On March 15th lateral lithotomy was performed with the assistance of Drs. Wagner, W. N. Wishard, C. J. Fletcher, and Morrison. A staff with median groove was used. The legs were held in the proper position by the assistants. No difficulty was met with in reaching the bladder or extracting the stone. Rather free venous hemorrhage took place from the deep wound, probably from the erectile tissue of the membranous urethra; and as it did not yield to cold applications a piece of sponge was inserted and allowed to remain. The patient was then removed to bed and a quarter of a grain of opium given. The operation was performed at 11 A.M. At 6 P.M. his pulse was 120, temperature 100.2; the urine, tinged with blood, passing freely through the sponge.

March 16th, no bleeding, pulse 120, temperature 110; ordered twelve grains of quinine. March 17th, sponge removed, no bleeding; continue quinine. March 18th, feels comfortable, and from this date progressed favorably without a single bad symptom.

The wound healed rather slowly, and was not entirely closed till four weeks after the operation. The stone was composed mostly of uric acid and phosphates, and weighed ninety grains.

The only feature in this case rendering it worthy of record is the rather free hemorrhage and the ease with which it was arrested by the insertion of a piece of carbolized sponge in the wound. It compresses the bleeding points, while at the same time the urine percolates freely through its substance. As a rule, it will be sufficient to retain it for twenty-four hours; but in this case it was not removed till the second day. No evil resulted from its use, unless it may have contributed to the slow healing of the wound. Occasionally, however, lithotomy wounds in children heal slowly, even under the most favorable circumstances.

## FOREIGN CORRESPONDENCE.

*My Dear Parvin:*

LIVERPOOL, May 29th.

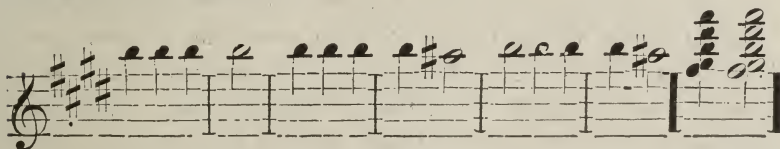
Hitherto when I have touched these shores I have been free. You may smile and say, "Yes, but it was the desolate freedom of the wild ass." So it was; but nevertheless this had its advantages. Among them was the immense fact that I could both direct and execute my own movements. And now I can't. At present I am a mere member of a party, and a country member at that. I am not only told what to do, but how to do it and when. No longer an independent sovereignty, I am reduced to vassalage; and the only use to which I am put is to provide transportation and supplies. Fortunately my Presbyterian, conjugal, and army training enable me to accept the situation with good grace and "fetch me to the scratch" smiling. Otherwise it might be otherwise, you know.

The plan of campaign adopted by the commander of this corps is, so far as I can see, copied after "Sherman's march to the sea"—live on the enemy, and, as poor Goslee said when he saw me hunting over four pointers, "comb the country," developing every thing before us, leaving nothing unseen behind us.

Our first movement was directed against Chester and Eaton Park. To Chester we were quickly carried by rail. We walked to the cathedral—a grand old structure—and sauntered about it. Presently seeing many persons in Sunday dress entering the building, we followed to find that afternoon service was about to commence. Soon a verger asked us if we wished seats. On our answering yes, we were shown into the chancel and provided with high-backed, elaborately-carved oaken seats, very stiff, very hard and stately. The air, as I have always found it in large cathedrals, was cool and still. The people trod softly. Their manner was strikingly quiet and grave. The light streamed in many colors through glass on which were figured heads of saints, scriptural scenes, and armorial bearings. Really ancient things, especially if they be on a large scale or be suggestive of

largeness, excite in me a reverential feeling. This I have found particularly the case when visiting the older cathedrals of the world. Somewhat of this feeling I must believe is due to the service to which they are dedicated, but much of it no doubt arises from their antiquity alone.

Before I had taken my seat I observed the several persons who were to conduct the service repair to their closets and doff their ordinary suits for their ecclesiastical dresses. When they were all in proper array a verger put himself at their head and led the procession into the chancel, where they took their allotted places. The rear was brought up by the choristers, numbering fourteen boys and four adults. The humbler people occupied chairs outside. The service was intoned—I believe that is the word. The intoner was a mild-faced young man who divided his hair at the equator. His skin was fair and his eyes were of a pale blue. His voice was tenor. He pitched it at treble. A friend at my elbow has written down the notes he used, and I copy them that you may see how very fair I strive to be in my estimate of this business.



A-MEN.

This is to be sung entirely through the nose, occupying thirteen minutes and eight and one quarter seconds.

This sing-song was something wonderful to hear. He had not proceeded far before my "reverential awe" had given place to a feeling (which can best be expressed by a bit of English slang) "too too utterly utter." Presently a verger rose. Then the minister rose. The verger lifted his mace. The minister bowed his head. The verger moved down the aisle. The minister followed. The verger halted at the foot of the little stairway leading to the reading-stand and turned round. The minister lamely—I think he had the gout—ascended the steps, and gazing for a moment in a mechanical way on his flock opened the Bible and slowly read a short chapter in a tone which few

could hear and with a mumble which would have destroyed any effect it otherwise might have had. He now languidly closed his eyes and clasped his hands; as languidly opened them again; then lamely descended from his perch, and again preceded by the verger and his mace slowly returned to his former seat.

Looking about me, I saw many sweet faces, peaceful faces, faces of women, faces of girls, faces of children; good faces, pure faces, gentle faces, refined faces; faces of young men honest and brave; benevolent, benignant, inviting faces of men who were old; faces of masters who were kind and fair; faces of servants who were cheerful, willing, and truthful; faces of rich persons who wore their wealth with unobtrusiveness; faces of poor people who were not ashamed of the meanness of their fortunes; and, musing, I wondered whether all these faces would themselves be here, and whether that better light which illumined them would be there if religion were not a fact and piety an entity?

Do you know, my friend, that I find nowhere such strong proof of the divine origin of religion as that furnished by the fact that it has survived in spite of the priests who have ministered at its altars? Had the principle not been indestructible it would have been buried out of sight long ages ago by the very hands whose business it is to foster, cultivate, and disseminate it, and keep it pure and undefiled. Had Paul and Apollos and the rest of the clergy conducted the rites of Christianity as they are conducted in some places and by some denominations nowadays, I verily believe that it would have died at its birth. Think of a man "intoning" for his life! a drowning man drawling out an entreaty to be saved! a man encompassed by some swift advancing danger snuffing his cry for help! the "stand and deliver" of the highwayman uttered in a sing-song! the leader of rushing battalions giving his battle-orders in a voice which can not be heard or in a mumble which his troops can not understand! Is your imagination fertile enough for this? The truth is, my friend, men in dead earnest do not in-



tone, nor do they snuffle, nor yet do they mouth their words. Not a bit of it. They speak in no uncertain tones.

How much the priests might learn from the players! Think of Hamlet intoning to the Ghost!

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The voices of the choristers were delightful, while their melody was heightened by a noble organ accompaniment. There is a kind of mournful pomp to me in the full notes of a great organ in a cathedral. The instrument here was played upon by a sympathetic and appreciative hand. Presently the sweet calm invited by the tender voices of the singers was dispelled by a mighty tumult of sound which rushed from the brazen pipes and rolling to the vaulted roof itself filled all the aisles and corridors with advancing and receding processions of harmony. Slowly the worshipers defiled through the great doorways, and as the last notes of the organ went sighing through the chill air till lost in the deepening gloom, the monastic stillness usual to the place again settled down on it, while we walked out into the light, having spent part of our first day in England in the sanctuary.

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We drove to Eaton Park, one of the many possessions of the Duke of Westminster, the richest man, it is said, in Great Britain. I wish either of us owned this single estate and had the means to keep it; and also I wish I had the power to limn its beauties to you. "What was it like?" You have seen Woodburn, in Woodford County, haven't you? or McGrathiana, in Fayette County? Recall then either of these princely abodes multiplied ever so many times in size. Traverse it by broad graveled roads running in graceful curves, kept dry at all seasons by adequate drainage and smooth by frequent rolling. Divide the land into meadow, lawn, and forest. Put dense thickets here and there. Clump great trees here and there. Run parallel lines of mighty oaks and noble elms, forming avenues miles in length—vistas ending apparently only with the horizon. Stretch long sweeps of undulating meadow. Cover

these with waving grass. Spread out at convenient distances tranquil sheets of water. Scatter through these lilies and other aquatic plants. Fringe their edges with willows. Dot the surface with gaily-painted pleasure-boats, and crown the whole with scores of swans and many bright-colored water-fowl. Animate the landscape elsewhere with flocks of sheep, herds of deer, groups of mares with their young foals, and mild-eyed kine. Let the prevailing tint of grass and foliage be a tender green, such as I think is seen nowhere in the same degree as in England. Hang over all this a cloudless sky, glorify it with the rays of a slowly-setting sun, and you may see Eaton Park as I saw it that quiet Sunday afternoon in May.

Returning we passed the dwelling of Doncaster, the renowned race-horse—a house as large and as handsome as many of our Broadway residences. In pastures on either side grazed the queens of his harem. The paddocks of the youngsters were hard by, but the colts themselves had been put away for the night. Bendor, also the property of the duke, and the leading winner of the present season, had quarters in the same neighborhood, but at the time was in training elsewhere. The road to Eaton Park passes directly by the Chester race-course, where Parole won the Chester cup, scoring his first and most brilliant victory on British turf.

With appetites sharpened by our drive, we reached Chester in fine humor for a seven-o'clock dinner, which being dispatched, we retraced our steps to our hotel. C. C. and I have lit our cigars. The ladies have gone to their bed-rooms. Tomorrow we start for Leamington, from there to visit Warwick Castle and Kenillworth. Thus we “comb” the country. Meanwhile I have written you this Sunday letter.

D. W. Y.

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*My Dear Parvin:*

SAVILE CLUB, LONDON, June 5, 1881.

I dispatched a letter to you on Thursday giving a short account of our *détour* by Leamington and my first impressions on getting back to my pleasant chair in this quiet club. Since then I

have taken some trouble to ascertain the true feeling of the profession here touching the consultation of Dr. Quain with the alleged homeopath Dr. Kidd in the case of the late Lord Beaconsfield. And while the question is one which has ceased to agitate the professional mind here it is still I find the subject of occasional discussion. Partly because of the prominence of two of the principals in the affair—the noble dead and that very accomplished physician Dr. Quain—and partly with the view of contributing, if I can, to the correct statement of the principles on which like cases must be decided in the future, no less than the desire to present the broad grounds on which such principles rest, I have thought it well to review the points in the case for the benefit of whoever may take an interest in them.

In the outset then let me try to clear away any obscurity which may exist as to the point at issue. If the question be asked, May physicians of the regular school properly consult with homeopaths, and is it in the public or professional interest that they should do so? I might say this is not the question which was raised in the case of Lord Beaconsfield; but nevertheless as neither medical men nor the public are well accustomed to draw fine distinctions, and as on the whole I desire to discuss the matter in its widest sense, I shall endeavor not to confine the review of this incident to the particular case which it illustrates, but aim to look at the question in the broadest possible way.

What is the settled etiquette on the question in England, and how is it regarded here in the best medical circles? and by best I do not mean merely the most successful hospital consulting physicians, or the court physicians, or any single class, but the ablest, the best recognized, and most accomplished practitioners of all classes.

This leads me to ask the general question, What is medical etiquette? Is there such a thing as medical etiquette, as a settled, artificial, separate code *distinct from general ethics and public and professional good*? If this matter be looked into closely it will be seen that medical etiquette, however convenient as a

phrase and however much it may be stickled for by professional martinets, has not in fact the meaning which is popularly given to it. It is commonly supposed that there exists an artificial code of medical regulations having no other basis than the arbitrary decisions of medical men, or their artificial arguments on certain rules of action, and that guided by this code and with no other general principle to control it or to guide them in their actions, medical men are bound in virtue of this so-called etiquette to adopt a particular course in every instance under pain of transgressing etiquette and being subject to penal consequences. I do not hesitate to say that this is *entirely a misconception*; and the sooner it is corrected the better for both the public and the physician, and the more clearly it will be seen that professional interests are not so narrow and so artificial as to require to be *separated in any way from the public interests and from the principles of general ethics*. Medical etiquette is nothing else than the application of the various relations of medical men to the general principles of ethics. Whenever medical etiquette is discussed it may be done so most profitably, most soundly, and most effectively by considering the relationship of any particular rule of etiquette to the general rule of ethics which it represents and to which it applies. Thus then on the question, May a practitioner of scientific medicine meet and consult with a homeopath? the answer is distinctly, no! If this be still further investigated, it will be found that the reasons are based on general principles of morality and right-doing—principles which are equally in the interest of the public and the profession, as all rules of etiquette must be before they can command the conscientious assent of honest men or be continuously maintained in any profession.

That rule of etiquette which in England as in America precludes medical men of the regular scientific schools of medicine from meeting homeopaths was formed and is maintained not less in the interest of the patient than in that of the medical man. It grows out of the fact that the homeopath and the practitioner of scientific medicine differ *toto celo* in their principles of prac-



tice, in the instruments of practice, and in the rules by which they employ those instruments. The two speak a different language; they move in a different atmosphere. They have nothing in common which they can bring into common stock were they to consult. Under such circumstances a consultation becomes a trap and a deception for the patient. The allopaths employ sensible doses of medicine on the well-known principle that if the cause be removed the effect is also removed, or that a disease is best combated by a medicine having an opposite effect to that which it is desired to remove or destroy. The homeopath recognizes neither of these rules; he has a mystic formula and he employs medicines of multitudinous effect in infinitesimal doses. This is not the place to discuss whether he is right or wrong. The point here is that he has in his principles of practice and in his instruments of practice a totally different conception from the allopath. Hence, an allopath who pretends to meet in the sick-room and to consult with a homeopath as to the nature of the disease and the mode of treating it is manifestly deceiving his patient. The patient has a right to suppose that the consultation will be of utility. Certainly he has the right to claim that it shall be honestly conducted, whereas, if the allopath approves any treatment which the homeopath adopts on the principles which he avows he lends his sanction to what must be either useless or mischievous. Fair dealing therefore demands that the rule should be strictly and universally applied, that consultations with homeopaths are useless for medical treatment. Granted then that this principle of the patient's good as thus presented forbids consultation with homeopaths, how can that principle be said to apply to cases where the homeopath asks only for the assistance of the regular physician in diagnosis or in the treatment of a surgical affection? It is often claimed that inasmuch as the physiological and pathological facts of nature are identical, whether examined by the allopath or the homeopath, and since the difficulty of the homeopath is often to make out the disease, and if so made out he is prepared to treat it by himself. Why should not the allopath

step in and assist him to solve that problem? The answer here is based on precisely the same principle.

A physician is not a biological conjurer who sets himself up to solve difficult problems or assist in performing a legerdemain which he regards as totally useless, however interesting it may be to the person employed. He is essentially and by profession a curer of disease. He is now, as he always was, *iatros*, and medicine is not less now than it was in its commencement—a humane mission. If a physician gives his time to a case, or if he undertakes any responsibility in connection with the case, it is solely in order to cure the patient; and since he knows well or thinks he knows well that, however intelligent the diagnosis and however complete the treatment pursued upon homeopathic principles this treatment can in no way advance the cure of the patient, but must be either harmful or inoperative, he is not only not bound to assist in what he perforce looks upon as a silly or mischievous juggle, but on the contrary he owes it to common honesty passively at least to protest against it by refusing part or lot in it. The patient may believe in homeopathy; if so he has unquestionable right to consult and to be treated by a homeopath. But inasmuch as the instructed physician must accept his own judgment and not that of the patient as to what is good for him, inasmuch as it is his business as a specially educated man to perform an act upon his own judgment and not on that of the uneducated patient, it is clearly no part of his business to assist the patient to do what he considers to be mischievous or injurious. It is then under these circumstances that, notwithstanding all empty cries of intolerance or prejudice, the regular physician continues and will continue to pursue his own path and will continue and is bound to continue to decline to have any complicity with a class of practitioners whom he believes to be employed in a practice which is either dangerous or ineffective.

So far then there is no question as to the verdict which would have been pronounced upon the Beaconsfield incident had the case been that of a regular physician meeting a homeopath. But it was not a case of this kind; and although ingenious par-

tizans on both sides have labored to represent this consultation in that light, the facts warrant no such view; and it is just because the facts are of the nature I have stated that the profession in Great Britain with so few exceptions have indorsed the action of Dr. Quain. Among these I may name men such as Sir George Burrows, for ten years President of the College of Physicians and the official head of the profession in England; Sir Thomas Watson, the Nestor of English medicine and the very type of an accomplished and single-minded physician; Sir James Paget, the leader of English surgery and at the present moment the active presiding genius over the whole profession in this country; not to mention Sir James Risdon Bennett, the actual President of the College of Physicians at the time, (and who is said even by his enemies to be) the greatest stickler in the three kingdoms for medical etiquette in its narrowest constructions. All these men, consulted one after the other, indorsed and affirmed Dr. Quain's action.

Dr. Quain himself has passed a life of perhaps more active work in the interest of the public and the profession where these two mingle than perhaps any other physician in England, and it is only fair to him at this moment that this should now be recalled. In the profession he is known as one of the founders of the Pathological Society of London and for twenty years its efficient, skillful, laborious secretary and treasurer, as he has always been its constant counsellor and guide up to the most recent date when he filled its presidential chair; as founder and chairman of the Browne Institute, an institute which is without a parallel at the present moment in any other country, but which, let us hope, is to be speedily followed in all, its object being at the same time to benefit the lower animals by the scientific study of their diseases and by their treatment in the hospital, and by the establishment at such a hospital of a scientific staff wholly devoted to the study of the relationship between animal and human diseases, and the investigation of the conditions under which epizootics and epidemics originate, and by the means by which they may be arrested. As Chairman of the Pharmacopeial Committee



the profession owes to him the revised Pharmacopeia of Great Britain, into which is infused with so much advantage the separate pharmacopeias of London, Edinburgh, and Dublin, and as a leading member of the Senate of the University of London and of the General Medical Council he has taken a prominent and always patriotic part in the reform and progress of medical education. No more public-spirited, active, intelligent physician could be named in London. It might be considered, however, that even men of the highest qualifications and character may yield to any sudden temptation, and that when Dr. Quain received the visit of the Queen's Chamberlain, Lord Barrington, bringing to him the general request of the Queen and of Lord Beaconsfield that he should come to the help of the illustrious patient who was then believed to be dying, the temptation was such as might well strain any man's principles of abnegation, and that a condemnation of his conduct would not necessarily under such circumstances imply any severe condemnation of his character. As a matter of fact it is on record in writing and it is every where admitted that Dr. Quain's first step was a refusal, and when asked to explain (point blank) this refusal, he did so by urging that Dr. Kidd was a reputed homeopath. To this Lord Barrington replied that any such statement was untrue, that Dr. Kidd was not a homeopath, and that to his knowledge (he being Lord Beaconsfield's most intimate friend during many years) Dr. Kidd never had treated Lord Beaconsfield homeopathically; but having treated him in numerous illnesses during the last few years; and having, as Lord Beaconsfield believed, saved his life, he had always treated him with ordinary medicines in the ordinary manner, and this Lord Beaconsfield had frequently mentioned to him as well as to others. Dr. Quain expressed surprise, but said that such a statement not coming from a medical authority would not be sufficient to justify him in meeting Dr. Kidd, and that before he could obey the summons he must receive from Dr. Kidd a statement in writing to the effect mentioned, but before even he could do this he should think it his duty to consult the president and ex-president of the



College of Physicians. Having consulted with Sir Risdon Bennett and Sir George Burrows, whose periods of the presidency of the College covered together the last fifteen years, and being assured by them that as Dr. Kidd was an M.D. of a British University, and was a registered medical practitioner, if he gave in writing the assurance that he had not treated and was not treating Lord Beaconsfield homeopathically, it would be his duty to meet him and give assistance in the case. Dr. Kidd at once, on the questions being put to him by Lord Barrington, forwarded to Dr. Quain a letter in which he not only stated that he was not and never had been treating Lord Beaconsfield otherwise than by the ordinary pharmacopeial remedies in the ordinary pharmacopeial doses and on the principle of scientific medicine, but added that he was prepared, if Dr. Quain should consent to meet him, to carry out his directions minutely, and faithfully to see them applied. It was under these circumstances that Dr. Quain consented to meet Dr. Kidd. There can not be a reasonable man in the profession either here or at home who does not feel that if Dr. Quain had not consented to meet Dr. Kidd he would have been wanting in his duty as a physician, have failed to carry out the dictates of humanity, and have been ethically wrong, and therefore he could not have been medically right. Not only did Dr. Quain not transgress medical etiquette, but he carried out minutely the requirements of medical etiquette which are the requirements of morality and of ethics in their most minute and faithful form. When first informed that the practitioner he was called upon to meet was a homeopath, or believing him to be so, he refused to go. This refusal he based on the identical ground that Sir William Jenner, it subsequently appeared, refused to meet him, viz. that being a homeopath a consultation would be fruitless and therefore deceptive. Nor was it until he had put into his hand the written proof that this argument and this reason no longer applied, and that not only would a consultation be most effective, but that his sole will would determine the treatment of the patient and that his sole direction would guide the conduct at the bedside that he consented to give his assistance.

A great deal has been made of the opinion that Dr. Kidd could not have been honest in giving such a letter; that having been connected with homeopathic institutions, and still holding to the belief which he professes, and holds that the doctrine *similia similibus curantur* has a therapeutic value, he could not honestly accept any other form of prescription. Those who make this assertion can hardly claim much greater learning than charity. They must have certainly forgotten that the formula they condemn is borrowed from Galen; that the doctrine which they profess to believe to be incompatible with the principle of *contraria contrariis curantur* has in all ages and by all physicians been accepted as one of limited but concurrent application. The prime folly of homeopathy is in the exclusive declaration of a doctrine which contains but a very small portion of the truth and in ignorantly or willfully hiding the limited application of that principle and its frequent failure. The maintenance of the exclusive doctrine that like cures like or the maintenance of such a doctrine at all as the basis of a system of medicine is only possible to persons who use infinitesimal doses; for the moment the appreciative effects are dealt with the extremely rare limits of its application become evident. Sydney Ringer has shown that the doctrine is true of some half a dozen remedies in the pharmacopeia; as for instance, a one-drop dose of ipecacuanha will cure a sickness which a scruple dose will produce. Charcot has shown that full doses of quinine will alone cure vertigo or Menier's disease, which doses given to a healthy person will produce. So it is generally known of narcotics that the first minute dose is stimulant while the later dose alone becomes narcotic. Rational therapeutics have long ago shown that the application of any such doctrine is extremely small, is limited to a few medicines, and a small number of cases. To go to the opposite extreme and declare that those who admit the existence of such a principle from Galen down shall be excluded from medical fraternity and denied the rights of consultation on the consideration due to any fact which they may bring forward is a prejudice which has nothing to recommend it

except that it belongs to a respectable class of sentiment, viz. to protest against quackery and charlatanry which have so long disfigured the application of Galen's principle. Briefly, there was nothing in Dr. Kidd's limited acceptance of the doctrine that "like" does in certain cases cure like that should exclude from the society of respectable physicians, and that at any rate the rule that a regular physician can not meet a homeopath was not the principle which had to guide Dr. Kidd's conduct. Looking from a distance at this controversy and at the conduct of those persons who chose to denounce the conduct of men who preferred to discriminate principles rather than swell the shibboleth, it might be supposed that the profession in England had not dealt with this matter intelligently and calmly, but had been led away by a sudden outcry to condemn the conduct of Dr. Quain. Should any such impression prevail in America it may be sufficient to dispel it by the statement that, notwithstanding the stand taken by one or two of the immediate adherents of Sir Wm. Jenner, not one society or college or body of medical men meeting voluntarily for any purpose whatever has passed any sort of resolution or uttered one word condemning the course pursued. The organization of the profession in England for such purposes is, I may remark, very extensive and complete. There are, I think, some twenty or thirty branches of the British Medical Association meeting almost daily; there are a dozen medical societies in each of the leading towns; there are social and political meetings of the various fellows of the colleges; and whenever any question which agitates the professional mind has been in the air, innumerable resolutions have always been passed and published expressing the professional sentiment on the subject. So recently as the late squabble between the physicians of Guy's Hospital and the treasurer it was seen that resolutions poured in daily from the branches of the British Medical Association, from the societies at Manchester, from the societies in London, and from meetings of medical men in all parts of the kingdom expressing their opinion and forwarding resolutions to the daily papers.

Government in England has been often described of late as a government by public meetings; and there is no country in the world in which it is so much the custom at once to summon meetings and to pass resolutions on any question on which the people desire to be heard. Nor is there any profession in which the organization for the purpose is so handy and so extensive as in the medical profession. Entire absence of any such expressions of opinion may, it seems to me, be taken as a very plain indication that the profession approves the course pursued. Further, I hear on good authority that one or two very influential men in London, intimately connected with Sir William Jenner, feeling that some sort of stand should be made in support of his letter—for, as it is known, acting upon imperfect information, Sir William Jenner had in the first instance refused to meet Dr. Kidd in the belief that he was a practicer of homeopathy—canvassed pretty extensively in London among the fellows to know whether they could obtain any support to a resolution brought forward on the subject in the College with the view of either indirectly condemning Dr. Quain or giving some sort of special commendation to Sir William Jenner. The reception with which the proposal was met was so decidedly negative that after a very short time it was thought advisable to withdraw any such suggestion, and accordingly at the subsequent meeting of the Collège of Physicians the whole subject passed entirely without notice.

Here I may say, parenthetically, that the election of Sir Wm. Jenner, by what was practically a unanimous vote, as president of the College, and the fact that a few votes were recorded for Sir James Bennett and one or two for Dr. Quain has been brought forward not altogether uningeniously as an evidence that the fellows approved Sir Wm. Jenner's course and disapproved that of Dr. Quain. I think it may be truthfully said that unless this statement has been made in complete ignorance of the facts, it is certainly most ingenious, as it is most certainly without foundation. It is well known in London that the presidency of Sir Wm. Jenner had been determined at least months before. Sir



James Bennett had completed his quinquennial term of office, which is the utmost term which the recent custom of the College allows to its presidents. When Sir James Bennett was first brought forward as president Sir Wm. Jenner's name was mentioned as president; and had he been willing he would then have been elected; but the moment it was known that Sir Wm. Jenner was willing to be president his election followed as a matter of course, he being senior physician to the Queen and in every way respected and beloved in the profession. The fact that one or two votes were recorded for Dr. Bennett and Dr. Quain had the opposite meaning to that which has been ascribed to it and means only that a few persons knowing that their votes were not required for Sir Wm. Jenner's election thought well to pay a little personal compliment to men whose conduct had recently been called in question. This, however, is a minor matter. The main object of this letter has been not so much to discuss the especial incident as to deduce the lessons which may properly be drawn from it; and it appears to us that they are:

1. That the rule against consultations with homeopaths remains untouched by the Beaconsfield incident.
2. That the profession in England are sufficiently intelligent and sufficiently advanced to understand that medical etiquette is not a matter of arbitrary verbiage but of ethical principle, and that in any given case rules of etiquette must be interpreted according to the laws of morality and public professional duty. It is not the case that the duty of Dr. Quain would have been different had Lord Beaconsfield been a less eminent person. It is not the case that any amount of pressure from the Queen or any other person would have justified his meeting Dr. Kidd; that which did justify it was that Dr. Kidd was not a homeopath; that he had stated so in writing; and that he had declared he was at the time treating Lord Beaconsfield according to scientific principles; and that he bound himself to abide by such directions as Dr. Quain might choose to give throughout the remainder of Lord Beaconsfield's illness.

Faithfully,

D. W. Y.

## Reviews.

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**The Diseases of Children: A PRACTICAL AND SYSTEMATIC WORK FOR PRACTITIONERS AND STUDENTS.** By WILLIAM HENRY DAY, M.D., Author of *Headaches; their Cause, Nature, and Treatment*; Member of the Royal College of Physicians, London; Physician to the Samaritan Hospital for Women and Children. Second edition. Rewritten and much enlarged. Philadelphia: Presley Blakiston. 1881. 8vo. Pp. 752.

This is an English book in an American overdress; but the fact that it is by a British author is not announced on the title-page, in the dedication, nor in the preface. True, one of the author's stated titles is Member of the Royal College of Physicians, London, but American practitioners may have that title; and he is Physician to the Samaritan Hospital, but it is not noted as being in London, and Samaritan hospitals are found at many points in the Christian world; and he dedicates to the Physicians and Surgeons of the Samaritan Hospital, but does not designate which Samaritan Hospital; and he dates his preface "10 Manchester Square," but gives no intimation whether Manchester Square is in London, Philadelphia, or elsewhere. These may be accidental omissions, or perhaps author and publisher may have thought more definiteness in these particulars would be supererogant to intelligent readers, and it was not their mission to cater to the demands of the ignorant.

It is quite possible that seven hundred and fifty-two large octavo pages may be required to appropriately treat of the diseases of children, but surely the substance of what the author has said in this book might have been presented in half the space, and all that is really valuable to those who have professional care of children could be recorded in a moiety of that half. The volume has the appearance of having been prepared by a medical gentleman of leisure who without any special preparation for

the service has brought together his recollected experience with children, the memory of his early studies, and such points as impressed him in his later reading, and of these made a book—a medley of the exploded past and the undigested present. There are many allusions to American writers on diseases of children, but the pathology of the book and its therapeutics are essentially those of the English a quarter of a century ago or more. One is surprised at this day to meet with a treatise on diseases of children just from the press making frequent allusion to and approving the old antiphlogistic notions and practices of the earlier part of the century, and placing much reliance on such agents as venesection, calomel, jalap, scammony, tartarized antimony, and the like.

True, on page 48 the author records this sound advice: "Antimony is a medicine seldom required in the ailments of young children. It is so depressing that unless the disease is urgent, as in croup and a few other diseases, we may dispense with it and choose ipecacuanha, which is not so lowering, frequently as effective, and much more manageable." Yet a few pages further on, speaking of acute disease in general, he says, "Hence we may sometimes cut short acute disease in the young when we can not do so in the old. . . . The remedies we employ are, as a rule (at least at an early stage), antiphlogistic and eliminating, such as venesection and the use of calomel and antimony." And antimony is recommended in acute indigestion, in varicella, in acute croup, in fibrinous croup or tracheitis. "Tartarized antimony is our sheet-anchor as a medicinal agent." In bronchitis, in pleurisy, in pneumonia it "is the most useful drug," and in simple meningitis. And so one might go on quoting Day in the concrete in opposition to Day in the abstract, so far as the use of antimony is concerned.

It is exceedingly doubtful whether judicious physicians now ever prescribe antimony for children, for the reason pointed out by Dr. Day, its irritant and depressing character, and for the further reason that it has no valuable therapeutic quality, but may be found in other drugs minus its dangers.

A singular fact is that the author does not define what he means by children. The greatest age mentioned in his formulas is twelve years, and we may infer that he holds this as the limit of childhood; but it is only an inference; and of infancy as a period of childhood he makes no mention. And a reprehensible and dangerous practice of the author is that of prescribing active medicine and declaring the same dose suitable for children differing in their ages to the extent of one hundred per cent; for example, magnes. sulph. for a child from six to twelve months old, tinct. belladon. for one from five to ten years of age, and tinct. digitalis for one from six to twelve years old; and, what is still worse, he prescribes dilute hydrocyanic acid every four hours for children without designating age at all. More than twenty of his formulas are directed for children without regard to age.

Dr. Day's fourth chapter is on Debility; and as he is probably the first author to erect debility into a distinct ailment of children and give it consideration in a separate chapter, an examination of it may afford us a fair index to the character of his entire book. His definition is this, "By debility I mean functional impairment, atony, weakness, or preternatural slowness in the performance or working of the vital processes, leading, when neglected or overlooked, to debility (and, it may be, to structural change) in one or more of the great central organs of life or tissues of the body." Where was the debility located before it got into any of the great central organs of life or tissues of the body? "This may be considered by some as involving an unnecessary addition to our medical nomenclature; but debility or weakness, as commonly employed, is used to indicate symptoms attendant on various diseases, and has no isolated and individual recognition that seems to me commensurate with its importance. The loss of blood, or free purgation, or deficient food, or any causes that reduce the vital power of the patient will induce debility in a simple and uncomplicated form—a deviation from that equalized condition of all the bodily and mental functions we term health. . . . I claim for this a separate and special classification among the ailments of children, where debility is observed in its purest



and unmasked form, before degenerative lesions are common, as in after life, to account for failing strength, increasing debility, and structural alteration." The author mixes his debilities in a manner somewhat confusing. Evidently he neglects to observe or at least to maintain the distinction between his special debility and the debility of common parlance.

Perhaps the report of his only case in this chapter may help to an understanding of what he means by debility. "In April, 1869, a lady brought to me her little girl four years of age, who was a very intelligent and pleasing child. . . . She appeared well until eight weeks before I saw her, since which time she has been ailing in health. She was said to be 'very languid, constantly yawning, and wishing to go to bed early in the day.' Her face flushed on being asked a question, and when a stethoscope was applied to her chest she burst into a fit of tears, which her mother said was not natural to her; the tongue furred at the back, and the urine was rather high-colored; the lower eyelids were dark and the expression languid; but no complaint whatever was made of pain. . . . Thirty minims of the syr. ferri phosph. comp. in two teaspoonfuls of water were ordered three times a day. Improvement soon set in, and on the 12th of May she had nearly recovered her usual activity, the appetite had returned, the tongue was quite clean, and the bowels acted regularly every day." The time required to cure in this case is not stated with exactness. From April to 12th May may be anywhere from thirteen to forty-one days.

But other disturbances as elements of debility are also given, among them this: "The sympathetic system shares in the general constitutional depression, and is reduced below its normal standard. The appetite required to insure the perfect digestion and assimilation of food and nourishment is impaired, and the emotions are susceptible and heightened to a degree which readily excites disturbance of both mind and body."

The chapter closes with this paragraph, pointed and strong: "These cases of pure and simple debility, when neglected, cause chorea, epilepsy, convulsions, paralysis, etc., and finally lead to

those changes in the blood which originate anemia, tuberculosis, and every form of diathesis that lowers health and provokes disease." This is a fearful threatening for neglect, and in a preceding paragraph the author has encouraged and warned us in these words: "These cases usually terminate well if promptly and skillfully treated, but a continuance of this condition may lead to protracted disease and subsequently to death." And yet to ward off these terrible consequences the chapter has not one word of advice or instruction, no mention is made of how a child with this dangerous debility should be managed, and no medicine suggested unless it be in the prescription of thirty minims of the syr. ferri phos. comp. for the pleasing little girl four years old mentioned *ante*.

In presenting this brief review of the author's fourth chapter it is designed to furnish the reader with a fair illustration of the matter and manner of the entire volume. It may be taken as a paradigm, and fairly exhibits the author's loose way of stating facts, imperfect method of laying his premises, illogical reasoning, indefinite conclusions, unsound doctrine, and incomplete, unsatisfactory, and unprofitable manner generally of making a book. The practitioner or student who does not meet with a copy of this treatise on the diseases of children need not mourn as one who has missed a great mine of neat knowledge or failed to find stores of valuable practical instruction in the management of children who are ill.

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**The Principles of Myodynamics.** By J. S. WIGHT, M.D., Professor of Surgery and Lecturer on Physical Science at the Long Island College Hospital. New York: Bermingham & Co. 1881. Pp. 162.

The author opens his volume with these explanations:

"1. *Myodynamics treats of the forces of muscles and their effects.* There are two kinds of *myodynamics*. I. *Myostatics*,

which treats of muscular forces, when they are in equilibrium with some other force or forces, acting on a bony lever. II. *Myokinetics*, which treats of muscular forces, when they are moving some other force or forces, acting on a bony lever. *Examples*: (1) When the hand simply *holds* a weight, it is a case of myostatics; (2) When the hand *moves* a weight, it is a case of myokinetics.

"2. In myodynamics the principles of the lever, the parallel-ogram of forces, the inclined plane, and the wheel and axle are used. And these principles must be well understood."

The text is illustrated by twenty-nine figures, being diagrammatic representations of these mechanical appliances in white lines on a black ground.

In his preface the author expresses the "hope that those who have not studied the subject may take the same interest in it that those young men have who have attended my lectures." For such the book may have a certain value, but for the properly educated, whether student or surgeon, it will prove at best but a remembrancer.

J. F. H.

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**A Text-book on Practical Medicine, WITH PARTICULAR REFERENCE TO PHYSIOLOGY AND PATHOLOGICAL ANATOMY.** By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tübingen. Translated from the eighth German edition, by special permission of the author, by GEORGE H. HUMPHREYS, M.D., one of the Physicians to Trinity Infirmary, Member of the New York County Medical Society, Fellow of the New York Academy of Medicine, etc., and CHARLES E. HACKLEY, M.D., one of the Physicians to the New York Hospital and County Infirmary, Member of the New York County Medical Society, etc. Revised edition. New York: D. Appleton & Co. 1881. Two volumes. Pp. 1628.

Dr. Niemeyer for many years has been a representative German to the American medical practitioner. He first published

his text-book on practice when thirty-six years old, and died at fifty, in the prime of his manhood. The translation of his treatise has been on as many shelves and as often consulted as the product of any foreign professional pen. German views of medicine differ from those of the English, French, and American, and Dr. Niemeyer has been received as an exemplar of German ideas in this behalf. That his work has been of essential service to the American practitioner is conceded on all hands, and the basis of its popularity and usefulness is to be found in its painstaking sifting and analysis of the teachings of other competent writers, rectified and strengthened by the rich, varied, and discreet experience of the author. While he teaches the necessity of our knowing, so far as existing knowledge will admit, what to expect from the natural progress of an ailment, as an invaluable criterion in the administration of remedies, he quite clearly recognizes the existence of a numerous class of patients in whom self-limited diseases tending to restoration of health within a known period, without drugs, if they progress in faith, who can not maintain their faith, but must have its place supplied by some medicament; and he wisely prescribes, for example, flavored gum-water or its equivalent in the stead of a remedy potent *per se*. That physician's education is incomplete who has not learned, not alone that some patients' bodies not seriously ill can only be kept from becoming so by doctoring them through mental impressions, but further, that some patients whose bodies are seriously ill can not be restored by the wisest prescription of drugs unless assisted by a proper balance of their mental organizations.

Such books as Dr. Niemeyer's will aid to pave the way for the introduction into the curriculum of instruction of the future physician of a department of natural history of disease as a necessary and most valuable part of his education.

Dr. Niemeyer's treatise had been issued in six editions in about ten years when, in 1867, he prepared the seventh edition by rewriting the work almost entirely. This brought the contents fully abreast with the best attainments of the science of



medicine at the time of writing. In 1871 Dr. Niemeyer died in the vigor of his manhood and usefulness. Since the author's death the associate of his latter years, Dr. Eugene Seitz, has prepared and published an eighth German edition of the treatise, adding much new matter, and, it is alleged, marring somewhat the graphic style and charming simplicity of the original. The translators of the present American edition, while availing themselves of the additional matter in the Seitz German edition, have followed the diction of the author in so far as the existing conditions would permit. They have also added to their material for the new issue from other sources, and have inserted articles on Chronic Poisoning by Alcohol and Morphia, Wandering Spleen, Paralysis Agitans, Scleroderma, Elephantiasis Greco-rum, and Progressive Pernicious Anemia, and a chapter on Yellow Fever, not from recent, but from classic American mid-century febricists. Some of the new matter in this edition will be found inclosed in brackets in the text, and an important part of it in separate notes at the end of the sections, connected to the related parts of the text by reference-figures. This gives to the contents of the volumes something of a patch-work appearance, and is one of the defects that appear inherent in the work of new men building fresh structures on old popular foundations laid by really great men gone to their final rest.

The tint of the paper is soft, the type clear, and the entire work of the publisher is creditable to the well-established reputation of the house issuing it.

J. F. H.

## Clinic of the Month.

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DISCUSSION UPON DIGITALIS.—In the Philadelphia County Medical Society, Dr. H. C. Wood, in opening the discussion, referred to the current views in regard to the action of digitalis upon the nervous apparatus of the heart, and claimed for it a peculiar effect upon the heart-muscle. This influence, which has been fully demonstrated by physiological experiment and sustained by clinical observation, renders digitalis particularly serviceable in the condition of heart-disease in which the increased work required of the heart is greater than the increase of the power, without regard to the particular valve which may be affected. It improves the nutrition of the heart by regulating its contractions and lengthening the diastolic interval, doing away with the rapid, imperfect contractions which interfere with the blood-supply of the cardiac muscle. In such cases the nutrition of the heart suffers because it is necessary to have lateral distension of the aorta in order to fill the arteries in the muscular tissue. A little digitalis steadies the heart, and therefore improves its condition and retards degeneration.

In chronic valve-trouble of the heart digitalis is serviceable, and sometimes must be given in large doses. A half-dram dose of the tincture apparently saved from impending death two cases of advanced heart-trouble coming under the speaker's observation. They afterward got well enough to attend to their business. It enables the heart to gather up its strength, and keeps it going until the last. By the surgeon digitalis is often used improperly. Thus, it is not rarely given in aneurism, where the great danger is from increased lateral pressure, not want of forward pressure. In one case coming under his observation digitalis caused the rupture of an internal aneurism at the hospital. The patient had been brought in without any diagnosis, and no one had suspected aneurism.

In acute diseases with failing heart digitalis may be employed. Such a condition may occur in asthenic or in the advanced stages of sthenic pneumonia. In the early stage of sthenic pneumonia it is improper to give it. Such a medicine as *veratrum viride*, which produces vasomotor paralysis, is indicated, so "as to bleed a man into his own tumors." Blood is drawn to the lungs because there is there a local vasomotor palsy. Produce a general vasomotor palsy, and the local attraction ceases. When the lung is consolidated throughout a large extent the heart is overworked. By-and-by it begins to fail; the pulse gets rapid and feeble. Now digitalis comes into play. It will save life in such a condition, when the patient without it must die. Take the case of a drinking-man, seen a few days since, suffering with pneumonia, pulse 150 to 160, respirations 60 to the minute, delirium persisting for two or three weeks, expectoration of pure blood, etc. This man was given ten minims of tincture of digitalis every two hours, day and night, until the pulse fell to 60, when the digitalis was stopped, and resumed as the pulse went up. By the aid of milk and whisky the patient was saved.

Two points in conclusion: (1) in regard to the cumulative action; (2) in regard to the cause of the slow action of digitalis. The remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Some agents act more quickly than others. Digitalis acts slowly and cumulatively, not only because of its special influence upon the heart, but because it only comes very slowly in contact with the heart-structure, since it osmoses slowly into and out from the body. Where it fails to act upon the kidneys it is more apt to act cumulatively upon the heart. The practical point is this: Watch the kidneys when giving large doses of digitalis. If water is not passed freely, then cumulative action will be apt to occur. In a case of chronic pleurisy Dr. Wood tried to run off the water by the kidneys. The pulse ran down steadily from 70 to 40 in four days after the medicine had been withdrawn. It was a long time before the effect of the digitalis was manifested,

and it was long before it ceased to act. In the pneumonia case, after the pulse began to drop it was eighteen or twenty hours before it again reached the normal. The longer the digitalis is in acting the more likely it is to have a lasting effect. After abdominal tapping the digitalis often shows itself in reducing the heart's action. Either the digitalis has been lying in the intestines unabsorbed or in the cellular tissue. Probably all the fluids are saturated with the drug.

Digitalis is a very useful remedy in cases of syncope and collapse. Formerly alcohol alone was used. One of the advances of modern therapeutics was to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies given by the hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims of the tincture at once, and expect to find the result in half an hour.

He did not wish his remarks to be understood as declaring that digitalis was entirely without danger; but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it.

Dr. W. R. D. Blackwood said that he had used it very largely in delirium tremens. He considered it important to watch the kidneys, especially where using large doses. In old toppers he had given half-ounce doses of the tincture, and in one case he had used this dose for eight repetitions an hour apart. He believed that this patient had been kept alive for six years by digitalis.

INFANTILE DIARRHEA.—Dr. Guerin, in the Medical Record, commends as a remedy for this trouble half a teaspoonful of powdered charcoal to a bottle of milk. The greenish stools, he says, change to their normal color and increase in consistence.



A NEW EXHILARANT.—M. Luton discovered by accident the effects of the following exhilarating mixture :

Tincture of ergot of rye, . . . . 5 grams (gr. 75);

Solution of phosphate of sodium, ten

per cent, . . . . . 15 grams ( $\frac{3}{4}$  ss).

Mix in a quarter of a glass of sweetened water and give at one dose on an empty stomach.

In very susceptible, excitable people a condition is produced resembling that following the inhalation of nitrous-oxide gas; they laugh excessively, feel slight dizziness on attempting to walk; and in many ways suggest alcoholic intoxication. In those who are more sedate and imperturbable a condition of mild exhilaration merely is induced; the cutaneous circulation is improved, a feeling of buoyancy and cheerfulness develops itself, and lasts for several hours, the patients being agreeably conscious of mental and physical stimulation. The author has verified those observations in so many cases that they must be considered established. He has found different individuals unequally susceptible, but has been able to assure himself that there is always some effect. As might be expected, men are less affected than women; in no case has any unpleasant result been observed. The author feels himself justified in recommending his discovery to the profession, although compelled to do so on a purely empirical basis, having arrived at no satisfactory explanation of the action of the mixture. He especially advises its use in cases of melancholia, hysteria, chlorosis, and the various conditions in which languor and depression of spirits are present. The patients to whom he has given it were sufficiently convinced of the efficacy of his prescription to ask for its repetition, assuring him of the benefit they derived from its use.

ERGOTIN IN ENLARGED SPLEEN.—Dr. W. L. Barrett writes in the *Southern Practitioner*:

A girl for several months had suffered from intermittent fever. The spleen was greatly enlarged. I injected ergotin, four grains in solution, beneath the skin immediately over the spleen. Three days

after I visited her intending to repeat the injection, but to my surprise found the spleen had resumed almost its normal size.

She is now well and suffers no more from that troublesome condition—an enlarged spleen.

My friend Dr. T. W. Roane has also used it with excellent results in a number of cases of enlarged spleen and liver, the result of malaria.

BACKACHE—ITS CAUSES.—Dr. George Johnson (in *British Medical Journal*) says that in the great majority of cases the pain of backache has its seat in the muscles, and is a simple result of strain or over-fatigue of the lumbar and erectores spinæ muscles and tendons. A remarkable feature of the pain resulting from excessive muscular exercise is that, while it may continue more or less during rest in bed, it is usually much increased by the first movements after rest, but gradually diminishes after moderate exercise. In muscular lumbago, standing is more fatiguing for the back and legs than walking, and leaning forward puts a greater strain on the muscles of the back than standing erect. Pain is often more severe on one side than on the other, owing to the common practice of throwing the weight more on one leg than on the other. A common cause of painful over-strain in the dorsal muscles is an excessive weight in the abdomen, whether from advanced pregnancy, dropsy, or excessive development of fat. Dr. Johnson, speaking of these causes, incidentally gives the dietary advisable in obesity. He also directs attention to dyspeptic myalgia resulting from malnutrition of the muscle. "Growing-pains," he thinks, are due to excessive muscular exercise, and are to be cured by rest. Sudden pain is sometimes caused by cramp or rupture of some fibers of the muscle during contraction. Indigestible foods sometimes cause cramps in muscles in certain persons instead of cramps in the stomach. Cold, as is well known, is often a cause of pains in other muscles besides those of the back. For lumbago Dr. Johnson recommends hot air or Turkish baths, followed by vigorous shampooing; also an embrocation composed of equal parts of linimentum belladonnæ and linimentum opii. Other causes of

backache are aneurism of the aorta, the symptoms of which Dr. Johnson gives at some length, with illustrative cases; cancerous glands in the abdomen, diseases of the kidneys, gastric ulcer, uterine diseases, diseases of the bones of the spine and of the spinal cord, and finally the backache of commencing fevers.

**IODIDE OF STARCH IN INTERMITTENT FEVER.**—Dr. Samuel R. Oliphant, in the *Medical and Surgical Reporter*, highly recommends this substance in chronic malarial diseases. He gives a teaspoonful in water thrice daily.

The first few years of my professional life I practiced in a malarial district in Mississippi, and while there was called upon to treat malarial fever in its various forms. I gave all cases the usual treatment; that is to say, quinine or arsenic, followed by iron and bitter tonics. To this treatment most cases would respond and get well nicely, giving the physician confidence in his remedies and the patient faith in his doctor. But there are other cases that do not so readily yield to treatment, and it is to these that I have directed some clinical experiments. I will not give details of experiments, but report from my practice a few cases of chronic malarial fever, vulgarly called seven-day chills. In one family I had four cases of fever which served to keep me in daily employment till I got almost ashamed to be seen going to that house. All of them seemed to be amenable to treatment, and would yield readily to quinine after a single paroxysm. But I would hardly discharge one case before I was called to another, and when he was apparently well the third would be attacked, and so on in turn. These attacks would return although they took iron and quinine in tonic doses, continuously for some time. A professional friend suggested the propriety of giving iodine in small doses, which I did with the happiest effect in some of the cases, but the others could not tolerate the iodine except in homeopathic doses, from which, of course, I could expect no beneficial result. The iodine in these caused irritation of stomach and alimentary canal. For them I ordered removal into the piny woods, which I believe would have been the best prescription for them all at the beginning. But such advice is not always practicable. After treating these cases and noting that those who could tolerate the remedy made a good recovery, I had some faith in iodine; but the question then arose, how can I administer it without producing the ill effects mentioned above?

The question was finally solved by an article I read a year or two ago in the Reporter on the administration of iodine in, I think, some ovarian trouble. The writer used the iodide of starch, made according to Buchanan's formula, which consists of twenty-four grains of iodine to the ounce of starch, *vide* United States Dispensatory Appendix. He stated that in this form patients could take large doses of iodine without any irritating effect. After reading this article I had more confidence in my ability to combat the tendency to return in intermittent fever, and was anxious to give this preparation a trial. The first person to whom I gave iodide of starch was a young man who had been under the treatment of several good physicians, and had taken, I suppose, nearly every known antiperiodic. But the chills would return every three weeks. I prescribed teaspoonful doses of the iodide three times a day. He passed over his time without any symptoms of a return, but subsequently had another chill and fever and was again given the iodide. He was under my observation for several months after, and showed no disposition to relapse.

In another case treated with iodide the patient, a man, had chills and fever for several months. Could break them with quinine, but he would invariably have a return of them on the seventh or fourteenth day. After taking one bottle of iodide of starch he returned to have his prescription renewed, saying the medicine was as good for syphilis as for chills. He had no return of his malarial trouble.

My method of administering this preparation is to give a teaspoonful in water three times a day till one ounce has been taken, and then discontinue till three or four days before the expected attack, when I order another ounce to be taken in the same manner. My experience with iodide of starch is limited, but I think will justify any one in trying it, after failing with all other remedies.

ERGOT IN THE TREATMENT OF ULCERS OF THE LEG.—After narrating nine cases of ulcers of the leg of large dimensions (Cincinnati Lancet and Clinic), Dr. Meyerhoff recommends the subcutaneous injection of fluid extract of ergot as a method of relieving the troublesome affection. The injection of about five drops was practiced every second or third day near the margin of the ulcer in the midst of the enlarged veins and infiltrated tissues. The ulcers themselves were covered with a two-percent lotion of carbolic acid, and the extremity inclosed in a flannel bandage. Eight injections were the largest number



required in any case. The operation was followed by considerable pain, lasting from two to eight hours, but abscesses and other evil effects were never observed. Atrophy of the dilated veins ensued in all the cases, and a rapid and so far as known permanent cure resulted in every instance. (*Med. Wochensch.*)

TREATMENT OF PRURITUS VULVÆ.—Dr. Wiltshire, in British Medical Journal, states that chloroform, locally applied, answers occasionally; it may be used in the form of vapor, liniment, ointment, or lotion. Bichloride of mercury, also a parasiticide, gives relief to some in the form of a lotion, but it requires caution in its use. It affords great relief when used in the proportion of one to five grains to eight ounces of *mistura amygdalæ*. In pregnant women, when the pruritus is associated with aphthous ulceration and the *oidium albicans* is present, nothing relieves the irritation so rapidly and effectually as a lotion of sulphurous acid, or of a hyposulphite. As sulphurous acid is volatile, Dr. Wiltshire recommends a tablespoonful of the pharmacopeial solution should be mixed with half a pint of warm water, barley water, or almond emulsion, and that the mixture be freshly prepared for each application. Another very useful lotion is formed by two drams of bicarbonate of potash dissolved in half a pint of water. The solutions should be injected into vagina. Borax and lead are also valuable agents.

IS MERCURY ABSORBED FROM THE SKIN.—It is stated in Foster's Physiology that the balance of conflicting evidence is in favor of the view that soluble non-volatile substances are not absorbed, and that volatile substances, as iodine, are not absorbed by the skin, but by the mucous membrane of the respiratory organs.

It is said that when salivation occurs from using mercurial ointments it is because the particles of mercury are rubbed in the skin and thus reach the lymphatics. Professor Fürbinger has been making some experiments on this subject which are

given in full in Virchow's Archiv, 82, 111, p. 491. The method employed, briefly stated, was to thoroughly rub the mercurial ointment on the uninjured skin, then wash the same and afterward remove small pieces and harden them in alcohol. His experiments were conducted on various animals, including man. A careful microscopic examination of the skin was then made and particles of the mercury sought for. Globules were found all through the sebaceous glands and hair follicles and some had entered the ducts of the sweat-glands. He found that the vapor of mercury will not penetrate the skin at all, being deposited simply on the surface. In all cases no mercury globules were seen in the skin tissue itself; they were closely confined to the sebaceous glands and hair follicles. If, however, the skin was abraded and then an ointment of mercury applied the globules would enter the tissues of the skin and also into the ruptured blood-vessels. The globules thus deposited in the glands of the skin lost their metallic luster after a few days, becoming oxidized, after which they were absorbed. Thus accounting for the persistent effect of mercurial inunctions. (The Microscope.)

[All the same, mercurial vapor baths and mercurial inunction cure syphilis and quinine inunctions cure malarial periodical affections.—L. P. Y.]

SARSAPARILLA IN SYPHILITIC CACHEXIA.—Dr. Wm. Carter, LL.B., M.R.C.P., of Liverpool, urges the profession, in a paper in the Practitioner, to use sarsaparilla freely in syphilis. He thinks it is too much neglected, and is a most potent remedy in advanced syphilis, especially in sluggish ulcerations and gummata. He gives a pint daily of the compound decoction and cures cases, he reports, where iodide of potash fails.

## *Notes and Queries.*

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PRESIDENT GARFIELD.—The attempted assassination of the President startled the American people as a thunderbolt from a clear sky, and there has been not only the most general sympathy with the distinguished sufferer, but also great anxiety to know the character and extent of the injury and the probabilities of recovery. Newspaper reporters, eager to gratify the public desire for news and information, have interviewed members of the profession in all our large cities and towns, and doctors by the score, by hundreds, probably by the thousands, have had their knowledge of gunshot wounds and their opinions of Mr. Garfield's case put in immortal type, while columns of spontaneous criticism, anonymous for the most part, have been published. At this time, when the prospect of the recovery of the President is so cheering, it certainly would be amusing to all save the prophets to recall some of their earlier predictions and dogmatic assertions!

Until the President recovers, the profession and the public care very little about the Bliss-Baxter war; but when that recovery does occur possibly there will be some interesting developments as to histories and hopes, successes and defeats, places won or places sought by Washington medical intrigue; and we doubt whether the revelations—wires discovered, wheels within wheels, secret scheming and managing made plain—will make any desirable crowns for two or three rather well-known parties. But let justice be done, no matter on whom the blows may fall.

From a valuable contributor we publish the following as to the case of the President:

The continued improvement of the President since the relapse on the 23d of July has had the effect to quiet the public mind and almost assure them of his ultimate recovery. The

rigors experienced on that day, followed by a higher temperature than had before obtained, created an excitement and alarm throughout the country but little short of that which followed the attempted assassination. The idea was spread that the physicians in charge of the President had never let the people know the full extent of his injury, and had purposely kept the worst concealed; but since the relapse doubt has given way to an almost certainty. The messages of the consulting surgeons have been reassuring; in fact have had much to do with the confidence now felt in his recovery. Whatever might be the ability of the physicians in attendance, and however well the medical profession might be acquainted with the Surgeon-general of the Army and the President of the American Medical Association (two of those in attendance), they were not known to any great extent by the people at large; and when, as if by inspiration, Mrs. Garfield sent for two surgeons of national reputation the nation felt easier and satisfied.

As to the wound itself or the course of the ball in the President's body, but little more is known than that it was a very dangerous one. The good sense of the doctors restrained the temptation to probe for the ball, but, taking the direction of the opening made by its entrance, led them to believe the liver had been perforated. The intensity of the shock, with nausea and vomiting, fully justified the belief that some important organ had been wounded. Subsequent events, however, show that the liver escaped injury, as no trace of bile or hepatic tissue has been found in the discharge from the wound; and it is now thought that no important organ or structure was struck by the ball. The ball has been located by Prof. Bell with his induction balance, and found to be in the abdominal wall anterior to and below the anterior superior spinous process of the ilium.

The rigors and high temperature of the 23d were caused by accumulation or burrowing of pus between the muscles of the back, and the incision by the surgeons to relieve this condition was made about three inches below the orifice made by the bullet. This incision reached the tract made by the ball, and,



besides relieving the condition set up by the accumulation of pus, shortened the tract by that much. This operation also showed that the ball had shattered a rib, which deflected it from its course, thereby saving the liver from injury. It is probable, taking the location of the ball and the direction caused by the deflection by the rib, that it struck the fascia of the transversalis muscle and followed that to its present position. It is hard to conceive a ball going through the abdominal cavity without wounding intestines or producing peritonitis.

Those were dark days for the nation following the 2d of July. Never were the American people so united on any subject as they were to the character of the act of the assassin and in hope for the President's recovery. From an almost certainty of death as day by day passed, the shock recovered from, nausea and vomiting ceased, kidneys, stomach, and bowels found to be uninjured, danger from peritonitis passed, one danger after another went by, with a relapse and speedy catching up the lost ground, a great weight was gradually lifted from the hearts of the people and light took the place of darkness. The dangers yet are pyemia and erysipelas, from which but little is feared, as the President's physical condition was of the best. This, added to a determination to get well, reduces them to minimum.

PARALYSIS AFTER FRIGHT.—L. Brieger, in the *Zeitschr. f. Klin. Med.*, II, gives a case of a girl aged twenty-three who, after a severe fright, experienced immediately an extreme desire to micturate, inability of the bladder to empty itself, trembling and weakness in the legs, and at the same time abnormal sensation. Upon sitting up in bed dull pains appeared in the lumbar region. Later there set in symptoms of transverse myelitis in the region of the last dorsal and upper lumbar vertebræ—paraplegia, anesthesia, paralysis of bladder, decubitus, etc. Death ensued as a consequence of the decubitus, meningitis being excited.

At the autopsy a diffuse myelitis was found extending from the first lumbar to the eighth dorsal vertebra; the posterior col-

umns were chiefly involved, and that portion of the anterior surface of the cord that lay next the anterior nerve-roots. Above this part of the cord there was a secondary degeneration of the columns of Goll up to the fourth ventricle and down into the middle of the lumbar enlargement. (St. Louis Courier of Medicine.)

ON THE INSUFFICIENT USE OF MILK AS AN ARTICLE OF DIET IN ENGLAND.—Dr. Dyce Duckworth, F.R.C.P., Assistant Physician to St. Bartholomew's Hospital, one of England's best men and wisest physicians, in an interesting article in the Practitioner of May, states some serious, sad, and important facts concerning the use of this great meat-juice. All that he says is beyond cavil, and much of it is applicable to our own country. There is a strong popular prejudice against milk in all classes of society in America:

Persons of all classes and of all ages in this country consume too little milk. The consequences of this starvation I hold to be serious, and the remedy for it perhaps not far to seek.

A fitting supply of milk is at present too seldom secured even by families who can well afford to pay for it. The full value of milk as an article of diet is not yet sufficiently appreciated by people who ought to be aware of it. Many adults regard it mainly as food for children, and many believe that they can not digest it, and state that it "curdles on the stomach" and makes them "bilious."

I maintain that a false economy prevails if milk be in any degree stinted to the young and growing.

Milk is a food that should not be taken in copious draughts like beer or other fluids, which differ from it chemically. If we consider the use of milk in infancy, the physiological ingestion, that is, of it, we find that the sucking babe imbibes little by little the natural food provided for it. Each small mouthful is secured by effort and slowly presented to the gastric mucous surface for the primal digestive stages. It is thus regularly and gradually reduced to curd, and the stomach is not oppressed with a lump of half-coagulated milk. The same principle should be regarded in the case of the adult. Milk should be slowly taken in mouthfuls at short intervals and thus it is rightly dealt with by the gastric juice. If milk be taken after other food it is almost sure to burden the stomach and to cause discomfort and pro-

longed indigestion, and this for the obvious reason that there is insufficient digestive agency to dispose of it.

I am of opinion that much mischief results from the use of condensed milk, called Swiss milk, for children. I think it has a poor nutritive value compared with fresh good milk, and it is simply foolish for people to employ it when they can procure the real article.

At sea or when such milk as can be had is of doubtful quality there may be just cause for resorting to it, but it is as unwise to employ it when fresh milk is procurable as it is to use extract of beef when freshly-made beef tea can be had. I am aware that some infants will only take condensed milk and appear to thrive upon it, but I think it is not to be trusted to for the highest nutritional purposes and should be discarded as soon as possible. The value of milk *for the aged* is not appreciated as it should be. If old age is a second childhood the food for such persons should be that adapted to feeble digestive powers and the edentulous condition.

To illustrate what should be considered a proper milk supply for a family and household consisting of ten persons, adults and children, I may state that five quarts per diem is the least quantity that should be consumed for all purposes. Children of any age may very well take a quart a day.

If this or any thing approaching this were the rule instead of the exception, rickets in its manifold phases would be completely banished from this country and a much higher standard of health and robustness would unquestionably prevail.

The English peasantry get as a rule, and in many parts of the country, less milk than the population of the towns. The swine are really better off in many instances. Buttermilk should be used and proves most wholesome and nutritious.

In short the milk-supply of this country is altogether insufficient. The results of this milk-starvation in the country are readily observed; the children suffer much for want of good milk, and hardly less many of the adults. Milk and meat are rare commodities among the peasantry who are not so situated as to secure supplies on the estates of their masters. The loss of meat can be far better borne than that of milk. A good supply of vegetables with cheese and onions will make up for the loss of much animal food, especially if wholesome brown or whole meal bread be eaten.

It comes to this therefore—a large increase in our milk-supply is absolutely called for. It seems certain that our farmers can no longer grow cereals so as to make them a source of profit or to meet the

wants of our population. America, Canada, and India can always meet our deficiencies. Our corn-fields [wheat-fields] are rapidly becoming laid down in permanent pasture, but the herds of grazing cattle we were wont to see are gradually dwindling away. Cattle-plague and various murrains explain this lamentable fact. But are these henceforth to prevail to such an extent as to curtail our home-growth of beef and our production of milk?

MYCOSIS OF THE TRACHEA.—Dr. Herterich, in the *Aerztl. Intelligenz-blatt*, No. 43, describes a case of parasitic disease of the trachea. (St. Louis Courier of Medicine.) Patient, aged nineteen, exhibited symptoms of pharyngitis; every eight to ten days he coughed up a gray-colored sputum of firm consistency. No pulmonary disease. The sputum was a clear mucus containing a solid, irregular mass the size of a bean, one end being rough, the other relatively smooth; it was of a yellowish-green color, readily crushed. Upon microscopic examination this peculiar mass proved to consist of fungus elements in the state of active proliferation.

With the laryngoscope it could be seen that the trachea was markedly injected, and at the site of sixth, seventh, and eighth rings on the anterior wall the mucous membrane was swollen, hyperemic, and slightly excoriated. There was no mucus nor other coating below the ninth tracheal ring; there was no hyperemia nor exudation at any place. Dr. H. was able to observe the formation of the peculiar masses upon the swollen region. By inhalation of the iodine vapor three times daily for fourteen days the normal condition was restored. Carbolic acid inhalations were fruitless.

AMMONIATED COPPER IN THE TREATMENT OF OBSTINATE NEURALGIAS.—Dr. C. C. Stockard translates, for the St. Louis Courier of Medicine of June, an interesting paper by M. Féréol, read before the *Société de Thérapeutique*. Excellent results are claimed from the treatment of the above malady by ammoniated copper. Of its administration M. Féréol says:

I have modified advantageously the mode of giving the prepara-



tion. The solution has the inconvenience of being of a disagreeable taste; to some absolutely repugnant. Its disagreeable taste adds to its nauseousness, causing even a sort of anesthesia of the sense of taste, which renders alimentation difficult, and every thing the patient swallows seems to taste of copper. The tongue is covered with a thick, whitish coating. These are real inconveniences.

I have tried to remedy this by giving it in powder mixed with the subnitrate of bismuth and inclosed in Limousin's capsules. I formulate it thus:

Ammoniated copper, . . . . . 2 centigrams (.3 grain).

Subnitrate of bismuth, . . . . . 25 centigrams ( $3\frac{3}{4}$  grains).

For one capsule.

Take five of these per day, two with each of the two principal meals, and one between the two meals, after which drink a small glass of milk. This can be increased to ten capsules per day, taking care always to take them while eating, or to take the milk afterward, to prevent the direct action of the medicine on the stomach. This mode of giving it has the advantage of causing less nausea and disgust, and of avoiding especially the furred condition of the tongue and persistent taste of copper. Generally the patient does not perceive that he has taken it.

Sometimes, however, it causes vomiting and has to be stopped; but this is not ordinary. It is generally well tolerated, on condition it has been taken with the meals or with milk, and I have continued it three weeks without inconvenience.

DESTRUCTION OF THE CHANCRE AS AN ABORTIVE MEASURE IN SYPHILIS.—Ricord now says "that he has completely abandoned the practice of cauterizing or of excising infecting chancres; that he considers the destruction of the infecting chancre to be absolutely useless at any period; as soon as it appears, before its appearance even, syphilis exists. If the penis were amputated on the appearance of the infecting chancre, syphilis would none the less be produced." (London Med. Record.)

ARTIFICIAL QUININE.—Prof. Chandler, of New York, states that chemists can now make a substance chemically identical with quinine, and possessing the most valuable of its medical qualities in a higher degree than natural quinine. It is not quinine, but answers all the purposes of that drug, and is far cheaper.

MILK.—From an interesting article entitled *An Experimental Inquiry into Human-milk, etc.*, in the *Practitioner* of May, we make the following excerpts :

*Influence of Beer and Porter and Alcoholic Drinks.* Alcohol, beer, porter, and wine are largely used under the belief that the lacteal secretion is increased by their influence; but increase in quantity does not mean improvement in the nutritive properties of that secretion upon which the development of the child depends.

There can be no greater mistake than to imagine that because a woman is nursing she ought therefore to live freely, and that porter or fermented liquor should enter into her diet; and I may lay down as a general principle, that the mother who requires porter or beer to stimulate her for her duties had better dispense with the office. I have attended over two thousand cases of midwifery since 1866, and have found that those mothers who *did not take malt liquor* not only made better recoveries but were better able to undertake the duties of nursing.

At my lying-in ward at the work-house, to which I have been attached since 1869, I have not allowed nursing-mothers beer or porter, and I have found no ill results from this rule.

For the usual pint of beer a *pint of milk* has been substituted.

I am not prejudiced against alcohol, as I recognize its power as a medicinal agent in disease, because the spur or stimulus may be required; but the conclusion has been forced upon me that it is unsuitable for the nursing state by the following facts :

1. On looking at the animal kingdom and at the other mammals, I find that excellent milk is produced by herbaceous and farinaceous foods, and that any thing like beer or porter does not enter into the diet.

2. I have observed in the rural districts of England, Ireland, and Scotland that mothers suckle their children on the simplest fare, their milk is excellent in quantity and quality, and the children thrive and grow up healthy and strong.

*Diseases, Acute and Chronic; Tubercle.* Acute diseases, as fevers, pneumonia, pleuritis, peritonitis, etc., cause waste and general lowering of the *vires vitæ*, and as they are generally attended by loss of appetite and diminished food-supply, we must *primâ facie* conclude that the milk must deteriorate, as it has not pabulum on which to be secreted, and we practically find that it decreases in quantity, and a longer time has to elapse for the filling of the breasts.

As we have in febrile complaints an arrest of secretion, the milk partakes of this, and the specific gravity becomes higher as the quantity of water diminishes. In chronic complaints attended by loss of sleep, loss of appetite, the milk is similarly affected; most accoucheurs agree that in these conditions the mother or nurse should not suckle the child.

*Tubercle.* We may now consider it settled that the flesh and milk of tuberculous animals produce tuberculosis, and that mankind runs very great risk through using the flesh and milk of infected animals.

The considerations which would induce us to prohibit a tuberculous mother from nursing are:

1. The injurious effect on the mother, and
2. The positive danger of infecting the child; so that on both these grounds we feel justified in not recommending the use of such milk.

The milk derived from tuberculous sources is generally found to be deficient in fat. The absence of the important constituent, butter, is a serious one, as the young growing infant requires heat-forming elements.

The term mammary diabetes has been applied to a condition in which we have a too abundant secretion of milk, the increasing bulk depending principally upon an augmentation of the watery constituents of the milk. This state is injurious to the mother and the infant, and when it is well established the child should be weaned.

*Rules Concerning the Administration of Medicine to Nursing-mothers.*—1. All therapeutical agents intended to act on the mammary gland must first enter the blood or be capable of stimulating the blood-supply in the mammary apparatus. This principle follows from what we know of the processes involved in the making of milk, and depends on the general principle that nutrition is dependent on the blood-supply.

2. All the drugs derived from the families Liliaceæ, Cruciferæ, Solanaceæ, Umbelliferæ, etc. enter the blood, impregnate the milk, so that poisons in any of these classes must be administered with caution to the mother or nurse, lest the nursling may be injured.

3. There is no true galactagogue in the sense in which it is understood. The nearest approach to such an agent is to be found in jaborandi; but this drug is not persistent in its actions as it only temporarily affects the mammary secretions.

4. There is an anti-galactagogue, belladonna.

5. In inaction of the mammæ the milk may be increased and influenced by medicines.

6. The milk of the mother may be improved in heat-forming elements by the administration of fat.

7. The salts of milk may be improved by the administration of medicines.

8. Various physiological actions—purgative, alterative, diuretic, etc.—may be produced in the child by the administration of drugs to the mother.

9. If we are to expect any improvement in milk-secreting power, both as to quantity and quality, we must look to diet for the attainment of that object.

I have said that milk is a model food, as it contains nitrogenized and non-nitrogenized matter; the infant receiving by means of casein the chief constituent for blood-formation, and by means of sugar and fat, carbon and hydrogen, to produce heat for the purpose of respiration, the various salts making bone and muscle. Cow's milk is very similar to human-milk, but on looking at their food we find a great difference. The cow is purely graminivorous, and in its nutriment, when feeding on rich pasture, supplemented by mangel-wurzel, turnips, etc., obtains vegetable casein, vegetable fibrin, vegetable albumen, plastic elements of nutrition, starch, gum, gluten, elements of respiration, while valuable salts are abundantly found in all its food. The cow is able thus to make the model food—good milk.

GOUT AND AN ANIMAL DIET.—The theory which is widely accepted, that high living and especially rich animal food is, with insufficient exercise, the great factor in causing gout, has to meet a good many objections. It has lately been found that gout appears in some of the lower animals when fed upon a purely vegetarian diet. This is notably the case with parrots according to observations of M. Meguin. In a number of these animals he has found well-developed gouty-joints.

E. WURM has been investigating bacteria, and his results prove without doubt that an active formation of vinegar from alcohol is obtained by means of *Macoderma aceti*. (Ex.)

A NEW YORK physician, having changed his office, left a sign stating his removal. The landlord, not being on good terms, painted under the sign, "For which we are truly thankful."



A CASE OF MONSTROSITY.—Dr. D. H. Fernandes, of Indianapolis sends us a translation from the *Journal de Noticias* of this remarkable case :

At Porto Alegre, Brazil, recently a child was born having two heads and three arms. The two heads completely separated from each other at about the point of bifurcation of the common carotids into external and internal carotids, so that the ears and the submaxillary triangles of each respective side are free from adhesions. The anomalous arm, the same size of the other two (which are natural) arises from the neck about midway between the manubrium and the point which separates the two cephalic extremities, and hangs over the breast.

It is a perfect arm down to the wrist-joint, where it separates into two perfect hands, palm facing palm. The opposing tissue of the fleshy part of the palm are united by a pons, and through this pons an artery is felt to pulsate, whose impulse is not synchronous with the cardiac impulse, nor with that of the radial arteries of the normal extremities.

“WHOLE-MEAL” flour, as that which includes the entire coat of the wheat grain is called, is undoubtedly very good for laborious people who are in a perfect state of health, whose digestive organs are not easily deranged. But it is certainly not quite so palatable as refined flour, and there are many persons, and some healthy ones with delicate digestive organs, to whom the particles of insoluble woody fiber of wheat-grain husks is decidedly objectionable and mischievous, and for invalids it had better be avoided altogether. The notion in regard to the higher nutritive value of whole wheat flour depends upon the food taken with it. For persons who live on bread alone, if there are any such, it may be preferable; but with the ordinary variety of food which people in general live upon, the superior nutritive value claimed for flour which includes the whole of the wheat-grain is fallacious. (The Sanitarian.)

EXTREME ANTISEPTIC PRECAUTIONS.—*Lyon Medicale*: In a duel recently, just after the principals had crossed swords, a voice was heard, “Stop a moment, gentlemen.” They lowered their weapons, rather hoping that the seconds had agreed on

some plan of healing their wounded honor without the necessity of fighting. But alas! it was only the surgeon who, being one of the advanced school, carefully took from his pocket a bottle containing a solution of carbolic acid and wet the points of the swords with it. Then with the air of a man who had done his whole duty, he said, "Now, gentlemen, proceed; you may kill each other but you run no risk of blood-poisoning." (Michigan Medical News.)

DRUGGISTS' SUBSTITUTIONS.—It is undoubtedly the case that in nine cases out of ten persons who go to a drug-store and ask for quinine do not get it, but get quinidia or cinchonidia or even cinchonia in its place. Most druggists perhaps will give quinine when it is so written on the prescription; but the number of druggists so far as we can learn is very small who give quinine when it is called for by ordinary customers. The druggists do not deny this practice but even justify it. The other alkaloids, they say, are nearly as powerful, and in most cases the customer does not need the drug any way; then the general public does not know any thing about quinidia, cinchonia, etc. They would not believe in the efficacy of such salts, therefore they can not be sold under their own name. So that practically there is probably a vastly greater amount of these weaker alkaloids sold in the shops than of quinine. This is true not only of this city but of others. In the South and West and in the country generally the allied salts are enormously used. (Medical Record.)

A DYSMENORRHEA MIXTURE.—The prescription of Dr. Fenner, of New Orleans, in nearly all dysmenorrheal cases, and one that I have frequently used myself with good results, is gum guaiacum  $\mathfrak{z}$  iv, Canada balsam  $\mathfrak{z}$  iv, oil sassafras  $\mathfrak{z}$  i, hydrarg. chlorid. cor. gr. x, rectified spirit  $\mathfrak{z}$  iv. Of this is to be given ten or thirty drops night and morning, commencing a day or two before the flow is freely established. (Dr. G. W. Moss, in the St. Louis Courier of Medicine.)

OBITUARY.—George S. Blackie, M.D. Edin., Ph.D., Professor of Chemistry in the Medical Department of the University of Tennessee and senior editor of the *Southern Practitioner*, died at his home in Nashville June 29th. From Atkinson's *Biographical Dictionary of Contemporary American Physicians and Surgeons* (*Southern Practitioner*) the following extract is taken:

Dr. George Stoddart Blackie, of Nashville, Tenn., son of Alexander Blackie, banker; great-grandson of James Watts, of steam-engine celebrity; cousin of John Gibson Lockhart, the son-in-law of Sir Walter Scott; cousin of Lord Jeffrey, of the *Edinburgh Review*, and brother of Professor John S. Blackie, now of the University of Edinburgh, was born at Aberdeen, Scotland, April 10, 1834. He was educated at the Edinburgh institution, in arts at Aberdeen, in medicine at Edinburgh, and also at the universities of Bonn on the Rhine, at Berlin, and at Paris. He is A.M., M.D., gold medalist, and three stars (*highest honors*), University of Edinburgh, 1855, and gold medalist in botany, 1852.

A "noble-hearted gentleman," beloved by all who knew him, was George Blackie. To his estimable wife and worthy children we offer our deepest sympathy in their bereavement.

DR. GEO. W. DUZAN.—The Central College of Physicians and Surgeons of Indiana is to be congratulated upon the important accession to their strength they have recently received, Dr. Duzan having accepted the chair of physiology in this school. Dr. D. is a man of rare ability, a student and yet a busy practitioner, and we predict for him, should he continue in his new field, the most enviable success.

Just now let us remind some of our correspondents that the College of Physicians and Surgeons formerly existing in Indianapolis, and with which the writer was connected, was united with the Indiana Medical College some years ago, the new institution receiving the name of the Medical College of Indiana. He has no right to and no desire for a past title.

DR. MAUDSLEY says the true site, seat, or organ of the mind, is *the whole body*.

THE OBSTETRIC GAZETTE.—The success of this the only American monthly devoted exclusively to obstetrics, diseases of women and children, is certainly not less encouraging than deserved. While its original matter and reviews are good, the ability of the editor is especially conspicuous in selections, these being drawn from so many sources and being such as are most practical. We know no monthly in its field that approaches it in usefulness.

A CORRECTION.—We cheerfully publish the following note from Dr. Richardson:

*Editors of the American Practitioner:*

NEW ORLEANS, July 22, 1881.

GENTS—In your July number, only just now received, you quote me as saying that eighty-five to ninety per cent of epitheliomata and scirrhus cancers upon which I have operated have been permanently cured. This is a mistake so far as scirrhus is concerned. Although I have had some remarkably favorable results in operating for this form of cancer, I can not claim any such large percentage of cures. I am, however, convinced of the local origin of the disease; and if surgeons oftener had the opportunity of operating in the early stage a far greater number of cures would result.

I am, very respectfully, your obedient servant,

T. G. RICHARDSON.

WHAT WILL THE END BE?—It would be interesting to know how many pages are added annually to the medical literature of the world. In this country alone the yearly output is by tons. Using the Index Medicus as a guide, we find that in the world last year eleven thousand seven hundred doctors thought they had something new to say or some new way of saying something old. Mostly were they moved by vanity, and surely the outcome is vexation of spirit. (Philadelphia Medical Times.)

DR. D. W. YANDELL, of Louisville, always a great favorite in medical circles here, has revisited London, and is receiving a warm welcome among his many friends in the profession, who appreciate his genial wit and wisdom. (British Med. Jour.)



DERMATOLOGY.—The specialty of dermatology is one which lies closer to the work of the general practitioner than that of other specialists. Ophthalmology, otology, etc., require in every case peculiar manual dexterity in one who would practice in these branches with success. But the dermatologist is simply a physician whose studies lie in certain directions, not a skillful operator or manipulator.

SOURCE OF THE LIQUOR AMNII.—Weiner concludes (*Archiv. f. Gynäkologie*) from a series of carefully-conducted experiments that there is no doubt the kidneys secrete urine during intra-uterine life, and that this is voided at intervals from the bladder. In the earlier months the secretion from the skin and the mother's blood contribute, but the fetal kidneys are the main source.

SALICYLATED STARCH has been recommended in eczema. It is often made by simply combining salicylic acid with starch; but this will not produce as intimate a mixture as by adding in portions potato starch to a large quantity of a three-per-cent solution of salicylic acid in alcohol—the sticky mass to be pressed, dried, and powdered.

LABORATORY CONCLUSIONS.—It is unsafe to adopt the conclusions of the laboratory in support of the definite character of remedies. Even the *delusions* of the chemists have a powerful influence on the present methods of medication; for example, artificial alkaloids. (Pacific Med. and Surg. Journal.)

CROTON-OIL STICKS.—A new method of applying croton oil (London Med. Journal) is described by Dr. Ladreit de Lacharrière. He mixes one hundred parts of croton oil with fifty parts of wax and fifty of cocoa butter, and makes it into sticks by the aid of a mold.

THE numerous friends of Dr. Marion Sims will be glad to hear that he has recovered from the attack of pneumonia by which he was prostrated during the winter, and is now in London.

IT has been found by microscopists that whooping-cough is caused by a fungoid growth which first germinates under the tongue and then pervades the air-passages. Quinine is a valuable antidote by virtue of its power to destroy microscopic vegetable organisms. (Ex.)

A CASE of vicarious menstruation from a sebaceous tumor of the auditory meatus is reported by Dr. J. Orne Green in the *American Journal of Otology*.

THAT nitric acid is capable of exciting spontaneous combustion, has been satisfactorily demonstrated by K. Kraut.

THERE is undoubtedly a great deal of the malarial poison in New York city. (*New York Medical Record*.)

# THE AMERICAN PRACTITIONER.

SEPTEMBER, 1881.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### CARIES OF LEFT TEMPORAL BONE.

BY GEO. R. GREEN, M.D.

Patient, male, aged eighteen, consulted me in April, 1879, for otorrhea of a chronic character, the first discharge occurring when he was only three months old. There was no history of either scarlatina or measles, and with this exception his health had been good. On my first examination the ear was discharging quite freely a fetid pus. I prescribed a carbolic lotion and cleansing with soap and water, and in a few days the discharge ceased. I saw no more of him until the 16th of June, when he returned. I then lost sight of him until July 29th, when he returned again, having in the meantime consulted other physicians, as he informed me. This time I discovered a fistulous opening backward into the mastoid cells, from which pus was discharging quite freely. The integument over the mastoid process and the parts contiguous thereto were congested, swollen, and quite painful. Despite treatment he grew steadily worse, and at the father's request I accompanied the young

man to Indianapolis to consult Dr. Thompson, under whose care he remained several days, but with only temporary relief. Dr. Thompson made a free incision into the mastoid cells, so that when the patient returned to me I found pus discharging quite freely through the opening. This opening from this time on was kept open by means of probing and tents.

About this time an attack of malaria of a persistent nature set in and lasted two weeks, and soon the left eye began to bulge forward, and I feared the discharge of pus into the orbit. Pus had already formed over the atlas, and was discharged forward through the opening in the mastoid process. Then pus collected over the left temporal region and was discharged in the same manner. An effusion of serum took place beneath the conjunctiva of the left eyeball. This I punctured, and permitted the collection to drain away. The right eyeball then began to be affected in like manner. I found it necessary to puncture the conjunctiva in this eye also. The left eye became more exophthalmic, and the conjunctiva separated from the sclera and filled up beneath it with blood. Vision was entirely destroyed in this eye, and the patient began to show symptoms of brain-pressure. Hemorrhage occurred twice from the wound in the mastoid cells, but was controlled by pressure. Stupor, loss of memory, loss of language, and a semi-comatose condition supervened; feces and urine were involuntarily discharged; and for a week prior to his death pus was continually dropping into the back part of his mouth and throat. He died August 19, 1879.

One of the peculiarities of the case was the extent of the injury before death occurred. I have no doubt but the carious action involved both the mastoid and the petrous portion of the temporal bone. The pus probably dissected its way backward along the optic nerve until it caused the brain-pressure spoken of. After the relief of the superficial inflammatory action the patient made no complaint from pain, frequently declaring that he felt no pain at all.

The treatment was, locally, tents and probings to keep the



mouth of the wound open, with an emollient application and daily washing out with carbolized water both the wound and ear. Beef, wine, and iron were given internally; brandy as needed; quinia to combat malaria; and all the good, rich, nourishing diet he would take. Dr. G. W. H. Kemper saw the case twice in consultation. The family would not consent to any post-mortem examination; consequently the extent of injury is not accurately known.

ROYERTON, IND.

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## REMOVAL OF THE ENTIRE ULNA—RECOVERY.

BY W. M. FUQUA, M.D.

Mr. William Fullelove, aged thirty-six years, a tailor by profession, habits good, originally good constitution, married, consulted me relative to a swelling of the right arm, which was considerably enlarged near the elbow-joint. This was two years ago. I found the enlargement due to a disease of the ulna, which extended to the middle of that bone. The limb could not be fully extended, and suppuration and pronation were partial. Osteoscopic pain was very severe, requiring a grain of morphia at night to make him sleep. A case of chronic periostitis was diagnosed, probably the result of exposure to cold and wet.

I now made a linear incision three and a half inches long down upon the bone, dividing the periosteum. The incision extended through the middle third of the bone, and was made along its outer aspect. The wound was brought together with silver-wire sutures, and dressed with carbolized cotton. He was placed upon iodide of potash, with the bitter tonics. Under this treatment for a time the patient did well, and for eighteen months I did not see him professionally.

July 1st. The patient now presents himself and declares that his arm must be amputated. His face is indicative of great suf-

fering; is pale; has but little appetite; and has no refreshing sleep without two grains of morphia. The arm near the joint measures fourteen and a half inches in circumference, is bent at an angle of one hundred and forty degrees, has no pronation or supination, but the patient flexes and extends his fingers; the motion of wrist-joint impaired. The ulna is now diseased in its entirety. Over the point of the elbow is a large ulcer with sinuses that communicate with large masses of dead bone within. The bone is tender upon pressure along its whole shaft, with considerable enlargement also of its lower articulating extremity. The radius is regarded as exempt and free from any disease.

I therefore determine to remove the whole ulna, and should I find the condyles of the humerus involved they too will be removed. On the 25th of July, Drs. Fairleigh and Alexander being present and assisting, the patient was chloroformed and the Esmarch tourniquet applied. An incision was now made beginning two inches above the point of the olecranon, and carried along the dorsal aspect of the joint and in the axis of the limb to a point just beyond the ulno-carpal articulation. The integuments surrounding the joint were now carefully removed, keeping near the bone, and preserving all the periosteum possible. After the division of the insertion of the triceps, the arm being flexed showed the condyles of the humerus free from disease. The soft parts were carefully separated from the shaft of the bone, preserving wherever we could the periosteum. Its inferior extremity was disarticulated and the whole bone removed. There was no loss of blood; no ligature was required, the oozing so slight as to require no astringent or styptic. After cleansing the wound with a ten-per-cent solution of carbolic acid it was carefully coaptated and held in position with one dozen silk sutures. Over the line of incision carbolized cotton was placed, and the arm enveloped with a pretty firm bandage, which was extended upon a well-padded straight splint, and over this a roller was carefully carried, so as to give uniform and steady support; the whole to be kept wet continuously with a ten-per-cent solution of carbolic acid.

Four days after the operation the wound was dressed for the first time. There was scarcely a trace of pus along the whole tract of the wound; but little swelling and little elevation of temperature; has good appetite, and has taken one grain of morphia each night. Two days subsequently the wound is dressed and all the sutures removed, union having taken place by primary adhesion along the whole tract, except over the elbow-joint, where there is but the slightest amount of pus. After this the wound is dressed each day just as it was at first, and the bandages are kept continually wet with the carbolic-acid lotion. Each day since the operation he has taken a teaspoonful of comp. tinct. of bark, with twenty drops aromat. sulph. acid and a little toddy.

Aug. 5th. Took no morphia last night. Wound united over elbow-joint, and no suppuration except from the superficial or skin surface just over elbow-joint. He has no pain, sleep and appetite good, and says he has not felt so well for a great while.

*History.* Excision of the ulna entire was first executed by Dr. Ro. B. Butt, of Portsmouth, Va., in 1825. In 1853 Dr. Carnochan, of New York, performed a similar operation. Mr. Jones, of England, has also excised the entire ulna. These two cases, together with the one above reported, are the only ones on record.

HOPKINSVILLE, KY.

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## FOREIGN CORRESPONDENCE.

LONDON, June 30th.

As the time for the International Congress meeting approaches the arrangements begin to take definite shape, and a very delightful programme is gradually becoming unfolded; but unfortunately it is still a matter of uncertainty whether some most distinguished surgeons whose presence our friends here greatly hoped for will be able to come. Whatever shall be

the measure of success of the Congress, the thanks of the profession will be due to the enterprise, industry, and activity of its principal officers, among whom should be prominently named the President, Sir James Paget, and the Hon. Secretary, Mr. McCormac. I do not remember to have found at any time the medical and surgical world of London more busy than just now. The several medical weeklies absolutely teem with important communications. The British Medical Journal in particular has of late contained so many articles of interest and value as to embarrass the reader, especially him who intends to make an abstract of them; for he regrets to omit any, while space and time forbid even an allusion to all.

The number issued on June 11th, just after I reached here, opens with some observations by Mr. Spencer Wells on recent improvements in the mode of removing uterine tumors. He details two important modifications which he has adopted; one the more complete use of antiseptic precautions; the other the union by suture of the peritoneal edges of the divided uterine wall. He has also contrived special pressure-forceps with very long handles and a compressing surface of more than an inch in length, with which the bond of connection between the uterus and the outgrowth may be compressed. He illustrates these points by several cases which he narrates at some length, and in conclusion he says, "I feel very hopeful that by the use of the improved pressure-forceps the arrest of hemorrhage will be effected much more easily and completely than before; that suture of the uterine wall will obviate more than one source of danger; and that by careful attention to all needful antiseptic precautions the removal of uterine tumors may now be undertaken with a far more confident expectation of a successful result than could have been entertained some years ago."

Dr. Simpson, of Edinburgh University, furnishes a clinical lecture on a Case of Cesarean Hystero-oöphorectomy or Porro's Operation. The patient had a pelvis deformed from rickets. She was in a week of her fifth confinement, having on each of the four previous occasions been delivered by perforation of the



head of the fetus. The child having been removed from the uterus and found to be very vigorous, the uterus was amputated, and subsequently the ovaries were excised and the whole surface of the stump secured with Paquelin's cautery. The patient did very fairly well for nearly five days, when she succumbed to peritonitis; but the abdominal wound was very healthy-looking, and adhesion had taken place along the whole line of incision. A feature of the case was the very small amount of blood lost and the absence of any trouble during the operation from the intestines and omentum. Dr. Simpson gives a table of the seventy-six cases in which the uterus has been extirpated, beginning with Storer's case in Boston in 1869.

Mr. Howard Marsh, Surgeon to the Hospital for Sick Children, writes on the Diagnosis of Caries of the Spine in the Stage preceding Angular Curvature. He very justly condemns the error of making angular curvature a special disease, as is done in many text-books. The real disease is caries of the spine, and angular curvature is probably only the result of delay in its diagnosis and treatment. Certainly it can not take place till, in the course of inflammatory disease, some absorption of the vertebral bodies has taken place. Therefore to wait for this symptom is to allow the disease to advance to what may be termed its second stage. Careful directions are given for examination, which should always be conducted with the patient perfectly nude; and the significance of pain in regions *below* the seat of caries is insisted on. This subject is also treated in the same journal by Mr. Edmund Owen, but in a less thorough manner. The characteristic of Mr. M.'s work is its conscientious thoroughness.

An important communication is made by Prof. Buchanan, of Glasgow University, on the use of Faure's secondary or storage battery and also Swan's electric light in surgery. The storage battery consists of a cylindrical vessel of lead nine inches high and five inches in diameter, with a leaden bottom, but open at the top. Into this is packed a kind of cushion of a material which has the power of absorbing electricity. To this

vessel are attached the two poles of a working battery, and as long as the connection is maintained the vessel accumulates the electricity flowing into it. When charged it can be detached from its connection and kept for a long time or carried from place to place like the jars of compressed carbonic oxide used for anesthetic purposes. When required for use the cushion should be kept moist, and connecting-wires should be attached to its poles, thus converting it into a powerful battery. Dr. Buchanan attached its poles on one occasion to a platinum-wire *écraseur*, and removed a large nevoid tumor of the tongue without a drop of blood. The immense value of these small jars of electricity is obvious. Swan's electric lamp is very useful where a strong light is required close to the skin, and it can be placed in actual contact with a tumor without fear of igniting the bed-clothes; for instance, to test the translucency of a hydrocele in a patient confined to bed and unable to move.

Dr. Bell, of Bradford, discusses Wool-sorter's Disease, to which he has devoted much patient labor, and he records three recent cases. He finds, as has long been taught by some American surgeons, that these peculiar forms of anthrax are not confined to wool-sorters, but are common to all work-people who manipulate dry and dusty hairs or wools. If manipulated while still damp, as early as possible after washing, the risk is much diminished; but the infection-germs are not destroyed by washing the wool in water at 120° F. When I was a student Prof. Gross declared that the sorter of dry hair was liable to the trouble.

Mr. Henry Reeves, of the London Hospital, mentions a case in which he tried what he thinks to be a new plan of operation for fistula in ano. The fistula was about two and a half inches long, and was divided in the usual way. Then all pseudo-membranous tissue and granulations were scraped away with a sharp scoop, and the ordinary narrow blunt-pointed bistoury buried for half its depth at the fiber of the fistula. Both surfaces of the wound being vivified, and hemorrhage having ceased, three deep silver sutures were passed, entering the skin about a quarter of

an inch from the edge of the wound, and, passing well beneath the floor of the fistula, were brought out at the same distance on the other side of the wound. The upper stitch ran through the coats of the rectum into the surrounding tissue. The stitches were removed a week after the operation (but might have been removed sooner), when the wound was soundly healed—a procedure which, so far as the suture goes, I hope none of my readers will practice. The scoop—a convenient form of which is the finger-nail—is good, and I do not think the scraping can be carried too far; but to the bistoury and suture I say no. The notes of two cases of ununited fracture of the patella and one of ununited fracture of the radius and ulna, treated by suturing the fragments with silver wire, are reported from King's College Hospital under care of Mr. Lister. The operation consisted of an incision two inches long over the patella, sawing off the edges of both fragments, drilling them, and passing a thick silver wire through the hole thus made. A dependent opening through the capsule of the joint was next provided, and through this was passed a drainage-tube. The fragments were brought into apposition by complete flexion of the thigh on the abdomen and strong traction on the wires, and secured by twisting the wires. The wound was closed by sutures, leaving about one fourth of an inch of the twisted wire projecting. The patients were discharged in a little under three months with apparently firm bony union, and they were walking comfortably.

In the case of operation on the forearm the mode of procedure was to a great extent similar, but was subperiosteal, the periosteum being carefully detached from the bone. Patient left the hospital under two months after the operation, wearing a water-glass splint, which was painted over the arm, from the wrist to above the condyles of the humerus. Six weeks later the bony union was quite firm, and the patient was able to resume work. Of course the most careful antiseptic precautions were used. Comment on these cases is quite superfluous. Their immense importance is at once apparent; and to those of my readers interested in surgery I recommend a care-

ful perusal of the excellent-report of them in the British Medical Journal.

At the College of Surgeons a course of six lectures on The Laws of Inheritance in Relation to Disease were commenced by Mr. Jonathan Hutchinson on Monday, June 13th, some report of which I will give you soon.

The faculty and hospital staff of University College entertained their colleagues Sir Wm. Jenner and Mr. Erichsen at dinner at St. James's Hall on the 4th inst., to celebrate the simultaneous tenure by those gentlemen of the presidential chairs of the Colleges of Physicians and Surgeons. Mr. John Marshall took the chair, and twenty-eight sat down, including besides the guests of the evening the other emeritus professors, Dr. Russell Reynolds and Sir Henry Thompson. With two unavoidable exceptions the whole medical staff of University College assembled to do honor to their distinguished colleagues. The proceedings were of a most enjoyable character, and could not have failed to impress the recipients of the honor in the most grateful way. At the election of members of council of the Royal College of Surgeons on Thursday next, the 7th, Sir James Paget and Mr. Haynes Walton will offer themselves for re-election. Sir James Paget is tolerably sure to continue in office. There seems to be less chance for Mr. Walton, so that practically there is but one vacancy. Among the new candidates are Mr. Croft, of St. Thomas's Hospital; Mr. Reginald Harrison, of Liverpool; Mr. Christopher Heath, of University College; Mr. Hulke, of Middlesex Hospital; and Mr. Sidney Jones, of St. Thomas's. Summonses for the election have been sent to every Fellow in the United Kingdom, and the canvassing is very vigorous. Mr. Harrison is supported by a strong party who urge the claims of the provincial Fellows to be represented in the council, while others are opposed to him on account of his not having attained to the age at which Conscript Fathers are usually chosen. What the precise limit of age may be, or how far back the baptismal certificate should date to reach the proper standard, the venerable deponents say not. It should seem, however, to a looker-on



in London that almost any plausible excuse is a sufficient reason in the minds of some of the metropolitan folk for voting against a provincial Fellow, however eminent.

Mr. Lister recently announced to the Clinical Society that he had lately been making extensive use of eucalyptol in place of carbolic acid for antiseptis. The oil itself is used undiluted as a dressing in the same class of cases as carbolic acid; it is also made into an ointment of which the following is the formula: Vaseline, two and two third parts; paraffin wax, one and one third parts; eucalyptus oil, one part. He also uses an emulsion of eucalyptus oil and iodoform for syringing out joints, etc. The formula is as follows: Eucalyptus oil and powdered gum acacia, each ninety-six grains; iodoform, eight grains; water, two fluid ounces. In operations about the genitals, etc., where the presence of numerous hairs and their follicles make it difficult to render the skin thoroughly antiseptic, Mr. Lister has lately, after shaving and cleansing the parts, applied to them a "salicylic cream," which is thus prepared: Six parts of carbolic acid and glycerin (one in twenty) are rubbed up in a mortar with one part or one part and a half of salicylic acid until the mixture is of the consistency of a thick, smooth cream.

American beef is asserting itself in the British market. Its value was practically tested by the Edinburgh Parochial Board last month. Two masses of English and American beef, each weighing seventy pounds twelve ounces, were boiled, when it was found that the amount of good meat in each case was about the same, while the soup made from one was undetectable from that made from the other. But in a contract of one thousand pounds there was a saving of one hundred pounds in favor of the American meat—a result which can not but bring important conclusions to those who are interested in cheap meat, more especially in workhouse and hospital administration.

It may be remembered that Mr. Marrant Baker excised the kidney of a child for calculous disease some three months ago. The patient was recently reported to be doing well and to be in

the enjoyment of fair health. Mr. Barwell, of Charing Cross Hospital, lately performed the same operation in a similar case. As in the earlier case the kidney had already been opened and drained for many months, and the dense cicatricial tissue about the old sinus was one of the difficulties of the operation. An attempt to enucleate the stone caused so much hemorrhage that Mr. Barwell separated the kidney from the surrounding tissues and ligatured the pedicle *en masse*. The kidney was removed in two parts owing to the approximation of the ribs to the ilium. Although the patient, a boy of fifteen, was in a very anemic condition, he has now much improved, and the hectic he suffered from has disappeared.

A very extensive meeting of medical men, chiefly those engaged in general practice, was held lately at Brighton, to discuss the report on Medical Education lately issued by the committee of council, and to consider the question of medical reform. The majority were in favor of the system of apprenticeship lasting about twelve months, by which the student on completing his medical curriculum, and having obtained sufficient theoretical knowledge might be introduced into practice gradually.

The British Medical Association will hold its annual meeting this year at Ryde on August 9th, 10th, 11th, and 12th, under the presidency of Mr. Benjamin Barrow, a much respected local practitioner. The address in Medicine will be given by Dr. Bristowe, and that in Surgery by Mr. Hutchinson, while an address in Obstetric Medicine will be given by Dr. Sinclair Coghill. In each section there will be discussions on prearranged subjects, among which are Dilatation of the Stomach, Acute Spinal Paralysis, Jaundice, Ovariectomy, Enteric Fever, Calf-lymph Vaccinations, etc. A clinical lecture by Mr. Christopher Heath, on Syphilitic and Cancerous Ulceration of the Tongue is reported in the British Medical Journal for June 11th. It is somewhat lengthy and gives all the possible points for the differential diagnosis; but in practice he owns it is very difficult to distinguish the two diseases, and often required the failure of iodide of potassium to make the matter clear. As a local application

for syphilitic sores of the tongue, he recommended a rather strong solution of bichloride of mercury to be held in the mouth for some minutes, so as to "pickle" the tongue. He treats the subject of the removal of the whole tongue at some length.

Our able countryman Mr. Benjamin Howard communicates an article on the Direct Method of Artificial Respiration for the Treatment of the Drowned, Still-born, etc. Mr. Howard disapproves of the method of respiration by pumping the chest by means of the arms, giving his reasons in detail, and dwelling with some cogency on the plan with which his own name is associated.

Dr. Courtenay Henderson, assistant physician to the London Fever Hospital, gives some notes of the doings at the St. Pancras field-hospital at New Southgate, which was started to accommodate cases of smallpox, now epidemic in London. He says the cases have, with very few exceptions, been slight. Where active antipyretic treatment was necessary cold baths were used. Many cases were so slight as to lend support to Hebra's opinion that variola and varicella are one and the same disease. "The only difference," says Dr. Henderson, "was in the crops of spots—variola only one (crop), varicella many." *Nothing has been found entirely to prevent pitting where the primary inflammation has been intense enough to cause sloughing of the bed of the pock.* Much of the eventual deformity, however, is produced by the ulceration and erosion of the skin under the scab. The constant application of antiseptic oils will tend to check the formation of pus beneath the scab, and thus prevent the ulceration and diminish the subsequent pitting—a mask of lint kept constantly applied, and moistened six or eight times daily with heavy mineral oil (purified), in which has been dissolved, in the proportion of about one in twenty, either eucalyptus, terebene, turpentine, or sanitas oil. So far no cases have been sent away with deep pits, and the majority are no worse than after impetigo or varicella.

The notes *in extenso* are published of a case of enteric fever treated with salicin at the Glasgow Fever Hospital, under the

care of Dr. Allan. The salicin was found to have some but not much effect in reducing the high temperature, and not to have had any of those evil effects on the digestion, heart, and kidneys that have been attributed to its use. But it seems from the notes that the case was not one that could be termed a very "bad" case. Moreover, the use of the cold bath, now so extensively employed, is found to yield very satisfactory results.

In consequence of the resignation of Mr. Wharton Jones, Mr. Streatfield becomes the Senior Ophthalmic Surgeon at University College Hospital, while Mr. Tweedy has been elected to the chair of Ophthalmic Medicine and Surgery, and will probably become assistant Ophthalmic Surgeon to the Hospital.

The "Olde Englyshe Fayre" at the Albert Hall, and which was one of the most beautiful affairs of the season, secured during the four days it was held the large sum of twenty-five thousand dollars for the Chelsea Hospital for Women. The hall was crammed daily with the wealth and fashion of this great city.

The gratitude of patients to their doctors, though not often taking a practical shape, does sometimes do so and in one recent instance was very touching. Thos. Hobson, seventy-eight years of age, hanged himself in the workhouse. Before committing the act he made a will in which he bequeathed his body to the medical attendant, "in gratitude for his kindness and urbanity." The doctor, however, declined the bequest. A like reluctance has been shown by the School of Anatomy at Owens College, which was named as second legatee.

The "Harveian Oration" for 1881 was delivered at the College of Physicians by Dr. Whyte Barclay, of St. George's Hospital. His lecture, which is published in the British Medical Journal of the 25th inst., is mainly devoted to the discussion of the origin of bacteria and the consideration of the theories of Tyndall and Bastian. The attendance at the oration was distressingly slim, falling, I am told, far short of what is usual or indeed of what I should say was respectful either to the lecturer or the College. The oration being concluded the Baly medal was, to the gratification of every one present, conferred on Dr.



Burdon Sanderson, in recognition of his life-long study of biological science. Sir William Jenner handed the medal to this distinguished and much-loved physiologist.

Dr. Gervis, Obstetric Physician to St. Thomas's Hospital, in an article on the treatment of Uterine Flexions, remarks that the importance of the flexion depends on the amount of the obstruction in the utero-cervical canal produced by the bend, the results being dysmenorrhea, metritis, sterility, etc. Cases of retroflexion he divides into three classes: 1. Those in which the uterus is capable of reposition, and when replaced fairly retaining with suitable support the normal position; 2. Those capable of reposition but resuming the faulty position on the withdrawal of the replacing force; 3. Those incapable of reposition either from the presence of adhesions or from the permanently damaged condition of the uterine tissue at the site of the bend. In the third class of cases something may be done toward encouraging absorption of exudations, and so freeing the uterus; and some relief is gained by such support to the fundus as a pessary affords, and if menstrual disorders are severe, the patency of the canal may be secured by the use of the uterine bougie. In antelexions he generally contents himself with securing dilatation of the cervix with the bougie, and supplementing this by the use of a ring pessary which gives great comfort. He also describes a modification of Hodge's pessary, which he finds very useful in retroflexions. The sacral or upper cross-bar has a central depression, the convexity looking downward instead of upward, and on this convexity the uterus principally rests. The end of pessaries seems not yet. How long, O gynecologists, how long!

At King's College Hospital there are three cases under care of Prof Lister, in which the German (schnitt) method for the radical cure of hydrocele was resorted to. In the first case the old plan of injecting iodine was tried without success before the cutting operation was undertaken. The patient was narcotized, the parts purified and shorn, then two blunt needles were passed through the skin and the sac of the hydrocele in order that the sac might be kept in position; after which an incision one inch

and a half long was made between the needles into the hydrocele, when about two ounces serum, with here and there a flake of lymph, escaped. The bleeding points were ligatured and the sac stitched to the skin; the wound was not closed; strict anti-septic precautions were used throughout. In the ensuing week the wound was dressed three times, and there was a fair amount of suppuration. Ten days later the wound was quite healed. Patient was discharged cured at the end of January, and when he was last seen, namely, at the end of May, there was no sign of any return of the swelling.

The second case was much the same except that the salicylic-cream dressing was used with jute, which was found much less irritating than carbolic gauze.

The third case where the eucalyptol dressing was used was also successful. In this case after incising the hydrocele between the needles, the sac was injected with carbolic lotion (one in twenty), which he afterward allowed to escape. I am almost bold enough to say that had he injected carbolic acid and glycerin, half and half, or carbolic acid pure, the great surgeon would have gotten as good results in less time and with fewer risks.

The "Bradshaw" Lecture of the Royal College of Physicians will be given this year by Dr. Vivian Poore, and will probably bear on paralytical affections of the hand. This lecture is given for the first time this year in virtue of an endowment of one thousand pounds left to the Colleges of Surgeons and Physicians by the widow of Mr. Bradshaw, the well-known practitioner. The date (18th of August) is perhaps unfortunate, as two lectures will be delivered simultaneously, one at each College on this day, when a large number of the profession having heard lectures and had congresses and associations *usque ad nauseam* will either be getting their vacations or resting at home from their labors.

The deeply lamented death of Professor Rolleston has cast a deep shadow over Oxford and rendered vacant the Linacre Professorship of Physiology and the Lee Readership of Anatomy at that ancient institution. It is probable, however, that certain

alterations in the two offices will now be made and their value be increased.

In the hands of the late able incumbent, the Linacre professorship was one of Comparative Zoölogy exclusively; probably it will now be divided into two distinct professorships of anatomy and physiology proper, and thus have a more distinct bearing on the teaching of these subjects as part of a preliminary medical education. There has long been complaint in the profession here of the exile of medicine from Oxford, and the alleged perversion of its great medical endowments, and many look to the calamity of poor Rolleston's death as affording perhaps an opportunity to effect the needed reform in its medical teaching.

A meeting of the friends and pupils of Professor Rolleston is to be held to consider the question of raising a suitable memorial to their late beloved teacher. It is to be hoped that instead of being put into either brass or marble it shall take the shape of a scholarship.

Among the patients brought for exhibition at the last meeting of the Royal Medical and Chirurgical Society was the man upon whom Mr. Clement Lucas performed nephrectomy in February, 1880. The man, who is thirty-six years of age, looks ruddy and well and free from all pain and symptoms of scrofulous pyelitis for which extirpation of the left kidney was undertaken. The wound is soundly healed, and there has been no sinus since Christmas. This, it may be remarked, is the first case in which the operation has proved successful on an adult in this country.

The Council of the Royal College of Surgeons have decided to appoint a Pathological Curator of the Museum, an office which should have been created long, long ago. It is understood that the place will be associated with the handsome fund given the College by that large-hearted, big-brained man, Erasmus Wilson. The salary seems small enough, amounting to but eight hundred and fifty dollars a year.

An important clinical lecture was lately delivered at University College Hospital by Dr. Bastian, on a case of Locomo-

tor Ataxy treated by Nerve-stretching. The patient, who was in an advanced state of the disease, was advised to submit to the operation as a kind of "forlorn hope," and the relief experienced from the operation on one side led to its adoption on the other. Within one week the patient completely lost the burning pain in the hypogastrium from which he had not before been free for some months. His general health also appeared much improved, while his powers of walking, though now very poor, are certainly better than before the operation, which seems moreover to have corrected the defect in the tactile sensibility of the lower limbs. Dr. Bastian deprecates any attempt at present at a physiological explanation of the mode of action of nerve-stretching, beyond that one of the results seems to be the induction of some amount of vasomotor paralysis in the limb operated on. He thinks, however, that the success of the treatment thoroughly warrants its further trial in other cases.

The society for the total abolition of biological investigation by experiment on living animals has lately been very active, and has enlisted the support of Lord Coleridge, who invested the society with great weight by calling the last meeting at his house, described in the report as "the residence of the Lord Chief Justice of England." The current misstatements were glibly repeated; and it is time that papers setting forth the truth should be made more accessible than they are now.

A very brilliant and extensive and unusually successful *conversazione* was given last Wednesday evening at the South Kensington Museum by the Harveian Society of London, in honor of its fiftieth anniversary. Two thousand guests, ladies and gentlemen, were invited, and I fancy most of them were there.

The new statue of Harvey, by Mr. Joy, which is to be unveiled in August with great ceremony at Folkestone, was much admired.

D. W. Y.



## Reviews.

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### **A Text-book of Practical Histology, with Outline Plates.**

By WILLIAM STIRLING, M.D., Sc.D., F.R.S.E., Regius Professor of the Institutes of Medicine in the University of Aberdeen. With thirty outline plates, one colored plate, and twenty-seven wood-engravings. Phila.: J. B. Lippincott & Co. London: Smith, Elder & Co. 1881. 4to. Pp. 186.

If it be true that he is the best workman who did in the beginning most thoroughly master the elementary manipulations of his craft and most completely comprehends the principles that underlie these manipulations, and if he be the best scholar who did obtain and has retained the clearest insight into the primary elements of knowledge, then it must be equally true that he will be the best doctor who best understands the structure of the human body and with truest discernment measures the vital energy and realizes the direction and result of its operation. If ever one guild of doctors shall stand before the world the acknowledged superior of all other guilds it will be that one which knows most of organic structures and vital activity. Every school of doctors appeals to its success in curing disease as the foundation of its claim to popular favor, each asserting that it cures a larger per cent of its patients than any other, and there is nothing in the statistics attainable to convince the world that either is correct. True, the great body of civilized mankind, by the numbers who seek their advice in illness, acknowledge the higher attainments and greater merit of the regular profession; but still it is a matter of common fame that individuals eminent in state-craft, theology, science, law, literature, and commerce signalize their failure to appreciate the true in medicine by calling the disciples of irregular dogmas to minister to them when ill. And we must not attribute this conduct to a reckless disregard of their own welfare, nor so much to their

lack of ordinary discernment as to our past failure to establish an unmistakable mark of our superiority such that all may read even as they run. In fact, there is a quality in man's organism at work in aid of restoration from disease that is a part of universal biological energy, the supreme factor in the suppression of all pathological activities that cease under whatever management, that does now and must forever obscure the actual amount of good effected by the medicaments of the physician, and permits any innocent management of the ill to have a measure of seeming success, and allowing irregular physicians to claim professional merit on this basis, that the layman is inadequate to see is not equal to that of the scientific doctor.

The good doctor of the future will differ from him of the past chiefly in that he will be more thorough in his knowledge of the physical frame and its vital work. A clearer insight into the normal of these will lead irresistibly to the better understanding of the abnormal; and this, with a more correct view of the efficient causes of pathological changes and the higher appreciation of the power of things to remove the cause, arrest the change, and restore the normal, will separate the scientific physician from the pretender; and when the utmost development in this direction shall have been attained the former shall be distinguished from the latter as fine gold is distinguished from spelter; for culture, high and true, will yield to its possessor a luster that shall be known of men, even of the unlettered.

These optimistic prophecies are based on the conviction that an honest man can not acquire all the biological knowledge, physiological and pathological, attainable by intelligent men, and then profess or practice dogmatic medicine or any manner of charlatanry; for full culture signifies the absence or crumbling of the great pillars of illiteracy and immorality, on one or both of which all irregular practice of medicine rests.

Among the steps leading to more perfect doctors is a close cultivation of histology, and as a means to this end the volume named at the head of this article will be found an admirable aid. The author says, "The purpose of this work is twofold; first, to

give plain, definite, and precise directions for the preparation and examination of the animal tissues; and secondly, to insure that the student executes a drawing of the majority of the microscopic specimens which he makes for preservation. For this purpose a series of outline plates is issued with the text."

Histological observation is made through the microscope, and the author very properly devotes fifty-six introductory pages to a description of that instrument, how to care for and to use it, together with the accessory apparatus; the method of preparing the things to be examined, and the mode of mounting and preserving them in such wise as to make them more serviceable as educators. This instruction is all done in such simple and direct manner, and yet so complete and intelligible that the student will find it a most admirable if not entirely sufficient guide in this part of his labor. The text is illustrated by twenty-six wood engravings of superior execution.

Practical histology is set forth in one hundred and twenty-four pages, and is pictured in thirty plates containing one hundred and ninety-five figures. The figures in these plates have been presented of such various sizes as the author deemed best suited to give a clear conception of their shape and intimate character, but in nine of the plates associated figures have been displayed in a distinct and marked column as they actually appear under a magnifying power of three hundred linear. The figures are in outline, and the student is to fill in and color to nature; for which purpose ample instructions accompany, and one plate has its figures colored complete to illustrate the style and method.

The author's description of things seen is precise and clear, his language terse and appropriate, and his style elegant; and the publisher's skill is manifest in the handsome volume.

J. F. H.

**A System of Surgery, Theoretical and Practical, in Treatises by Various Authors.** Edited by T. HOLMES, M.A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital. First American from second English edition. Thoroughly revised and much enlarged by JOHN H. PACKARD, A.M., M.D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia, assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Vol. 1. 8vo. Pp. 1007.

The first American edition of this great work has been reproduced from the last English edition unaltered and abridged, except the article on Disease of the Skin and that on Affections of the Absorbent System, which have been re-written. The interpolated additions by the American editors, made necessary on account of the advancement of surgery since the work was published, ten years ago, are inclosed in brackets.

The American revisers of Volume 1 are Drs. J. H. C. Simes, William Hunt, John B. Roberts, James Nevins Hyde, Morris Longstreth, P. S. Conner, Thomas G. Morton, Samuel Ashhurst, Lewis A. Stimson, John H. Packard, J. S. Jewell, Roberts Bartholow, John A. Lidell, Charles T. Hunter, John T. Hodgen, and Edward T. Caswell. These names are a sufficient guarantee that the work has been well done and brought abreast of the times.

This volume is divided into five parts, namely, general pathology, morbid processes, injuries in general, complications of injuries, and injuries of regions.

In a cursory look at the article on Inflammation we notice two additions—one in regard to the present accepted view of "the migration of blood-elements through openings or stomata;" the other in regard to the germination of pus-corpuscles. On the subject of Collapse a page is added concerning influencing circumstances in surgical shock. There are many short interpolations in the article on Scrofula and Tubercle. Among the additions to the article on Syphilis are three cuts representing condylomata of the vulva, gummata of head and face, and osseous dactylitis. In the article on Tumors the classification has



been entirely changed and very many additions made. Under the treatment of Abscesses a practical thought in regard to the opening of deep abscesses in the neighborhood of large vessels is added to the original text; namely, After cutting through the skin and superficial fascia a grooved director is pushed into the abscess, and a pair of dressing-forceps is run along its groove into the abscess, and the separation of the blades of the forceps makes an opening large enough to evacuate the pus. Three new cuts have been added to the chapter on Ulcers. In regard to Hemorrhage, among the recent additions to hemostatics are noted a large dose of quinia and hot-water applications. Among the complications of injuries tetanus is mentioned, for the treatment of which chloral hydrate, given early and in large doses, has gained the greatest reputation in the last few years. As to the nature of the morbid process in tetanus which causes the central disease, the American reviser, after giving the latest views on the subject, says, "As regards their relative value it may be said that the hypothesis of 'individual predisposition' is neither capable of proof or disproof. It may or may not be present. As regards the toxic theory there is but little evidence in its favor, and it is, in many cases at least, wholly without probability. As to the hypothesis of local irritation from nerve-wound and central neuritis as a final result, it may be declared the most probable." Several pages on the Pathology, Diagnosis, and Treatment of Hysteria supplement the original text.

The above will indicate the manner in which the additions and interpolations have been made. The plan adopted of giving an index at the end of each volume, and a general index on the completion of these volumes is to be commended. The value of this already superior work on surgery is much enhanced by the American edition, and we predict a large sale if the two volumes to follow are as well edited.

## INTERNATIONAL MEDICAL CONGRESS—OPENING MEETING.

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Long before 11 o'clock, the hour announced for opening the meeting, St. James's large hall was filled in every part with an audience the like of which has never met before, and in all probability will never meet again in the lifetime of the youngest member present. We can not even attempt to enumerate the illustrious scientists and medical practitioners who there gathered together; but among those on the platform, in addition to the Executive Committee, we recognized Cardinal Manning, the Archbishop of York, the Bishop of London, Canon Barry, Langenbeck, Virchow, Charcot, Pasteur, Volkmann, Esmarch, Küster, Pancoast, and others of equal eminence.

The reception given to H.R.H. the Prince of Wales was a clear indication of the loyalty of the profession and of the gratitude felt for the marked honor he has paid it in taking so active a part in the proceedings of the Congress. The reception by all upstanding was only equaled when in the middle of the meeting H.R.I.H. the Crown Prince of Germany entered.

The chair was taken by Sir W. Jenner, who was received with long-continued applause when he arose. He said: When our most gracious sovereign Her Majesty the Queen, whose sympathy with suffering is so real and deep, and whose interest in the advance of medicine and in all good works calculated to alleviate suffering is so well and widely known, consented to be patron and to allow her likeness to be stamped on the medal struck in commemoration of the Congress, its success was insured. And when, further, His Royal Highness the Prince of Wales graciously consented to open the Congress, a guarantee was given to the world that our meetings would be conducted with gravity and dignity, and that the matters discussed at them would in nature and in importance be worthy of the members of a learned and time-honored profession. It would be contrary to my sense of propriety, and tedious to you, were I to detain you from the

official and proper business of the Congress by any lengthened remarks. But it would be scarcely courteous to you or congenial to my feelings were I not to express, however briefly, what I believe to be the sentiments which animate and the objects and aims of those who, responding to the invitation of the General Committee, have come, not only from all parts of Her Majesty's dominions, but from nearly all the schools of the world in which advances in medical science and practice are being made, and from which, by means of their pupils, medical science and the practical fruit it bears are being constantly diffused throughout all the world. We are told that commerce is the golden girdle of the world, binding nations together by common interests and common aims; but science binds men and nations together by a girdle the links of which are far stronger, more durable, and more precious than are those of the golden girdle of commerce. Knowledge is indeed in very truth more precious than gold.

“Who loves not knowledge? Who shall rail  
Against her beauty? May she mix  
With men and prosper? Who shall fix  
Her pillars? Let her work prevail.”

With every increase in the world's stock of gold the metal loses something of its value, while every addition to the world's store of scientific truth adds to the value of that it already has, and is a step to the acquisition of more. And if this be true of science generally, it is true in the highest and broadest sense of the word of the science of medicine. Commerce is fettered in the supposed or real interests of nations. It separates as well as binds together. Discoveries in the application of other practical sciences are often stayed from their widest spread for the pecuniary gain of the discoverer. But discoveries in scientific and practical medicine are free to all the world, to use in themselves or as foundation for further advance. The less the physician working to advance medical knowledge is animated by desire for pecuniary gain, by feelings of personal ambition, or by desire for common applause, the less he mingles himself, his personal wishes, with his work, the less he allows his hopes and fears to give a bias to the result of his labor or pervert the meaning of the answer nature gives to his questions, the more he exhibits in his researches the desire to know the truth for the sake alone of knowing the truth, the greater the relief he affords by his researches to the present suffering of humanity, the more those researches tend to prevent the recurrence of suffering; and the more just and generous he shows himself in appreciating the opinions and the work of others the nearer will he approach to the ideal you and I have formed of the worthiest workers in our science. We have all

known men who have approached this ideal; but of all those that I have known there is one that stands out so preëminently above all others that I must mention him. I refer to that absolutely typical scientific physician—whose museum I trust you will all visit—Edmund Parkes. All medical discoveries are common property, and the richest reward the advancer of scientific and practical medicine can have is the consciousness that by the wide diffusion of the results of his labors lives have been saved, sufferings alleviated, or disease prevented. The assembling of this great Congress is in itself an illustration of my remarks. You are here to spread the truths you know, to learn from others the truths they have to tell, to give your knowledge freely and to receive from others as freely the knowledge they have to bestow, and in the giving as well as in the receiving to increase your own store. You are here to thresh out by argument the corn of truth from the wordy chaff in which it may be enveloped, to elicit the truth from seemingly conflicting statements of what the truth is. You are here to speak to one another face to face; and so we hope to remove prejudices, to promote kindly feeling, to renew old friendships and lay the foundation for new, and generally by personal intercommunion to knit more closely the bonds of that professional brotherhood of which we are all so rightly proud.

Mr. William MacCormac, the Hon. Secretary-general, who was most cordially received, then read the report of the Executive Committee, in which reference was made to the origin of this meeting, to the steps taken to render it truly international, and to the great success which had attended the efforts made. A brief outline of the work of the Congress was also given.

Sir Risdon Bennett moved a resolution accepting the official list of officers nominated, and appointing Sir James Paget, Bart., President of the Congress, and Mr. W. MacCormac Honorary Secretary-general. He admitted that to ask them to pass such a resolution was a sign of unbounded trust in the kindness and experience of the members of the Congress; but time would not allow of their taking separate votes. He bore testimony to the great and incessant labors of the Committee during many months, and to their great indebtedness to Mr. MacCormac, to whom every member owed a deep debt of gratitude, and which ought to be most heartily acknowledged. He then welcomed the foreign members of the Congress in a well-chosen and well-delivered speech in French.

Professor Donders (Utrecht), as president of the sixth meeting of the Congress at Amsterdam, seconded the resolution. He praised the arrangements made, and said they were a fresh proof of British skill



and talent for organizing. He believed that the meeting would largely contribute to the advance of science, and would supply the material for one of the most splendid pages in the history of medical science. The resolution was carried by acclamation.

Sir William Jenner then presented the Congress Medal, in silver, to H.R.H. the Prince of Wales, which he was kind enough to accept.

Sir James Paget then took the chair amid loud applause.

The Prince of Wales, who warmly shook hands with the newly-elected president, then rose and said: Sir James Paget, your Imperial Highness, and gentlemen, I have gladly complied with the request that I should open the International Medical Congress of 1881. Among my reasons for so doing was my conviction that few things can tend more to the welfare of mankind than that educated men of all nations should from time to time come together for the promotion of the branches of knowledge to which they devote themselves. The intercourse and mutual esteem of nations have often been advanced by great international exhibitions, and I look with pleasure to those with which I have been connected; but when conferences are held among those who in all parts of the world apply themselves to the study of science and to scientific professions, even greater international benefits may, I think, be confidently anticipated. More especially is this so in the study of medicine and surgery, for in these the varieties of climate, of national habit, and of social life must give to the practitioners of each nation opportunities of acquiring knowledge which is of considerable value, not to themselves alone, but to those of other countries whom they may meet in Congress. I venture to think, gentlemen, that the Executive Committee have acted wisely in instituting sections for the discussion of the very wide range of subjects, including the sciences, on which, as foundations, medical knowledge must rest as well as many of their most practical applications. I am very happy to see that so great a scope will be granted to the discussion of the important questions relating to the public health, to the cure of the sick in hospitals, in the houses of the poor, and to the welfare of armies and navies. The devotion with which the members of the medical profession are ready to share in the dangers of climate, the fatigues of war, and to study every means not only for the remedying but for the prevention of disease, deserves the warmest acknowledgment from the public. Gentlemen, I have great satisfaction in believing, when I see this crowded hall, that I may already regard the Congress as being very successful in having attracted in numbers hitherto unequaled medical men from all parts of this kingdom, as well as from every country in Europe and from the United States of Amer-

ica. The list of officers of the Congress, including as it does the names of nearly every one distinguished in Great Britain in any branch of medical science, shows how heartily the proposal to hold this meeting in London was received; and I think it speaks well for the good feeling of the profession that there was so warm a response from abroad. How cordial it was may be seen not only in the large number of our visitors, but in the fact that they include a great proportion of those who enjoy the highest reputations, not only in their own country, but throughout the world. I sincerely congratulate the General Executive and Reception Committees on this good promise of complete success, and I trust that at the close of the Congress they will feel that they have been rewarded for the labor which they have bestowed upon it. The report which the Honorary Secretary-general Mr. MacCormac has read will have explained how great has been the toil. It will, however, be well repaid, and I am sure that Mr. MacCormac will be sensible that he will be recompensed for his constant exertion and care, if the improvement of the science of medicine be materially promoted, for the knowledge of medicine must always be followed by increase of the happiness of mankind. Gentlemen, I declare this Congress now open.

Sir James Paget then delivered his address.

#### PRESIDENT PAGET'S ADDRESS.

It is not necessary to defend the meeting of an International Congress. Such meetings have become one of the general customs of our time, and have thus given evidence that they are generally approved. Let me rather suggest to you some thoughts as to the work which, being in Congress, we have to do, and the spirit in which it may best be done, so that the good effects of our meeting may last long after our parting.

In the largest view of our design it may seem to be that of bringing together a multitude of various minds for the promotion and diffusion of knowledge in the whole science and art of medicine, in their widest range, in all their narrowest divisions, in all their manifold utilities. And this design, I can not doubt, will be fulfilled; for although the programme tells of selected subjects for discussion, and defines the order of our work, yet knowledge will be promoted in a much wider range in the meetings without order, which will be held every day and every where—meetings of men with all kinds of mental power and all forms of knowledge and of skill; every one ready alike to impart and to acquire knowledge.

It is safe to say that in the casual conversations of this coming

week there will be a larger interchange and diffusion of information than in any equal time and space in the whole past history of medicine. And with this interchange will be a larger increase, for in the mart of knowledge he that receives gains, and he that gives retains, and none suffers loss.

The increase will be the greater because of the great variety of minds which will meet. As I look round this hall, my admiration is moved not only by the number and total power of the minds which are here, but by their diversity—a diversity in which I believe they fairly represent the whole of those who are engaged in the cultivation of our science. For here are minds representing the distinctive characters of all the most gifted and most educated nations—characters still distinctly national, in spite of the constantly increasing intercourse of the nations. And from many of these nations we have both elder and younger men; thoughtful men and practical; men of fact and men of imagination; some confident, some skeptic; various also in education, in purpose and mode of study, in disposition and in power. And scarcely less various are the places and all the circumstances in which those who are here have collected and have been using their knowledge. For I think that our calling is preëminent in its range of opportunities for scientific study. It is not only that the pure science of human life may match with the largest of the natural sciences in the complexity of its subject-matter; not only that the living human body is, in both its material and its in-dwelling forces, the most complex thing yet known; but that in our practical duties this most complex thing is presented to us in an almost infinite multiformity. For in practice we are occupied, not with a type and pattern of the human nature, but with all its varieties in all classes of men, of every age and every occupation, in all climates and all social states; we have to study men singly and in multitudes, in poverty and in wealth, in wise and unwise living, in health and all the varieties of disease; and we have to learn, or at least try to learn, the results of all these conditions of life while, in successive generations and in the mingling of families, they are heaped together, confused, and always changing. In every one of all these conditions man, in mind and body, must be studied by us; and every one of them offers some different problems for inquiry and solution. Wherever our duty or our scientific curiosity, or in happy combination both, may lead us, there are the materials and there the opportunities for separate original research.

Now from these various opportunities of study men are here in Congress. Surely whatever a multitude and diversity of minds can in a few days do for the promotion of knowledge may be done here.

Every one has something he may teach, much more that he may learn; and in the midst of an apparent utter confusion knowledge will increase and multiply. It has been said indeed that truth is more likely to emerge from error than from confusion, and in some instances this is true; but much of what we call confusion is only the order of nature not yet discerned; and so it may be here. Certainly it is from what seems like the confusion of successive meetings such as this that that kind of truth emerges which is among the best moving and directing forces in the scientific as well as in the social life—the truth which is told in the steady growth of general opinion.

But it is not proposed to leave the work of the Congress to what would seem like chance and disorder, good as the result might be; nor yet to the personal influences by which we may all be made fitter for work, though these may be very potent. In the stir and controversy of meetings such as we shall have there can not fail to be useful emulation; by the examples that will appear of success in research, many will be moved to more enthusiasm, many to more keen study of the truth; our range of work will be made wider, and we shall gain that greater interest in each other's views and that clearer apprehension of them which are always attained by personal acquaintance and by memories of association in pleasure as well as in work. But as it will not be left to chance, so neither will sentiment have to fulfill the chief duties of the Congress.

Following the good example of our predecessors, certain subjects have been selected which will be chiefly though not exclusively discussed, and the discussions are to be in the sections into which we shall soon divide.

Of these subjects it would not be for me to speak even if I were competent to do so, unless I may say that they are so numerous and complete that, together with the opening addresses of the Presidents of Sections, they leave me nothing but such generalities as may seem commonplace. They have been selected, after the custom of former meetings, from the most stirring and practical questions of the day; they are those which must occupy men's minds, and on which there is at this time most reason to expect progress, or even a just decision, from very wide discussion. They will be discussed by those most learned in them, and in many instances by those who have spent months or years in studying them, and who now offer their work for criticism and judgment.

I will only observe that the subjects selected in every section involve questions in the solution of which all the varieties of mind and knowledge of which I have spoken may find their use. For there



are questions not only on many subjects but in all stages of progress toward settlement. In some the chief need seems to be the collection of facts well observed by many persons. I say by many, not only because many facts are wanted, but because in all difficult research it is well that each apparent fact should be observed by many; for things are not what they appear to each one mind. In that which each man believes that he observes there is something of himself; and for certainty, even on matters of fact, we often need the agreement of many minds, that the personal element of each may be counteracted. And much more is this necessary in the consideration of the many questions which are to be decided by discussing the several values of admitted facts and of probabilities, and of the conclusions drawn from them. For on questions such as these minds of all kinds may be well employed. Here there will be occasion even for those which are not unconditionally praiseworthy, such as those that habitually doubt, and those to whom the invention of arguments is more pleasing than the mere search for truth. Nay we may be able to observe the utility even of error. We may not, indeed, wish for a prevalence of errors; they are not more desirable than are the crime and misery which evoke charity. And yet in a Congress we may palliate them, for we may see how as we may often read in history, errors like doubts and contrary pleadings serve to bring out the truth, to make it express itself in clearest terms and show its whole strength and value. Adversity is an excellent school for truth as well as for virtue.

But that which I would chiefly note in relation to the great variety of minds which are here, is that it is characteristic of that mental pliancy and readiness for variation which is essential to all scientific progress, and which a great International Congress may illustrate and promote. In all the subjects for discussion we look for the attainment of some novelty and change in knowledge and belief; and after every such change there must ensue a change in some of the conditions of thinking and of working. Now for all these changes minds need to be pliant and quick to adjust themselves. For all progressive science there must be minds that are young whatever may be their age.

Just as the discovery of auscultation brought to us the necessity for a refined cultivation of the sense of hearing, which was before of only the same use in medicine as in the common business of life; or as the employment of the numerical method in estimating the value of facts required that minds should be able to record and think in ways previously unused; or as the acceptance of the doctrine of evolution has changed the course of thinking in whole departments

of science—so is it in less measure in every less advance of knowledge. All such advances change the circumstances of mental life, and minds that can not or will not adjust themselves become less useful, or must at least modify their manner of utility. They may continue to be the best defenders of what is true; they may strengthen and expand the truth, and may apply it in practice with all the advantages of experience; they may thus secure the possessions of science and use them well; but they will not increase them.

It is with minds as with living bodies. One of their chief powers is in their self-adjustment to the varying conditions in which they have to live. Generally those species are the strongest and most abiding that can thrive in the widest range of climate and of food. And of all the races of men they are the mightiest and most noble who are, or by self-adjustment can become, most fit for all the new conditions of existence in which by various changes they may be placed. These are they who prosper in great changes of their social state; who in successive generations grow stronger by the production of a population so various that some are fitted to each of all the conditions of material and mode of life which they can discover or invent. These are most prosperous in the highest civilization; these whom nature adapts to the products of their own arts.

Or among other groups, the mightiest are those who are strong alike on land and sea; who can explore and colonize, and in every climate can replenish the earth and subdue it; and this not by tenacity or mere robustness, but rather by pliancy and the production of varieties fit to abide and increase in all the various conditions of the world around.

Now it is by no distant analogy that we trace the likeness between these in their successful contests with the material conditions of life and those who are to succeed in the intellectual strife with the difficulties of science and of art. There must be minds which in variety may match with all the varieties of the subject matters, and minds which at once, or in swift succession, can be adjusted to all the increasing and changing modes of thought and work.

Such are the minds we need; or rather such are the minds we have; and these in great meetings prove and augment their worth. Happily the natural increase in the variety of minds in all cultivated races is—whether as cause or as consequence—nearly proportionate to the increasing variety of knowledge. And it has become proverbial, and is nearly true in science and art as it is in commerce and in national life, that whatever work is to be done, men are found or soon produced who are exactly fit to do it.

But it need not be denied that, in the possession of this first and chiefest power for the increase of knowledge, there is a source of weakness. In works done by dissimilar and independent minds, dispersed in different fields of study, or only gathered into self-assorted groups, there is apt to be discord and great waste of power. There is, therefore, need that the workers should from time to time be brought to some consent and unity of purpose; that they should have opportunity for conference and mutual criticism; for mutual help and the tests of free discussion. This it is which, on the largest scale and most effectually, our Congress may achieve; not, indeed, by striving after a useless and happily impossible uniformity of mind or method, but by diminishing the lesser evil of waste and discord which is attached to the far greater good of diversity and independence. Now as in numbers and variety the Congress may represent the whole multitude of workers every where dispersed, so in its gathering and concord it may represent a common consent that, though we may be far apart and different, yet our work is and shall be essentially one; in all its parts mutually dependent, mutually helpful, in no part complete or self-sufficient. We may thus declare that as we who are many are met to be members of one body, so our work for science shall be one, though manifold; that as we, who are of many nations, will for a time forget our nationalities, and will even repress our patriotism, unless for the promotion of a friendly rivalry, so will we in our work, whether here and now or every where and always, have one end and one design—the promotion of the whole science and the whole art of healing.

It may seem to be a denial of this declaration of unity that, after this general meeting, we shall separate into sections more numerous than in any former Congress. Let me speak of these sections to defend them; for some maintain that, even in such a division of studies as these may encourage, there is a mischievous dispersion of forces. The science of medicine which used to be praised as one and indivisible, is broken up, they say, among specialists, who work in conflict rather than in concert, and with mutual distrust more than mutual help.

But let it be observed that the sections which we have instituted are only some of those which are already recognized in many countries, in separate societies, each of which has its own place and rules of self-government and its own literature. And the division has taken place naturally in the course of events which could not be hindered. For the partial separation of medicine, first from the other natural sciences,

and now into sections of its own, has been due to the increase of knowledge being far greater than the increase of individual mental power.

I do not doubt that the average mental power constantly increases in the successive generations of all well-trained peoples; but it does not increase so fast as knowledge does, and thus in every science, as well as in our own, a small portion of the whole sum of knowledge has become as much as even a large mind can hold and duly cultivate. Many of us must, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what is known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he is best fitted. Thus our division into sections is only an instance of that division of labor which in every prosperous nation we see in every field of active life, and which is always justified by more work better done.

Moreover it can not be said that in any of our sections there is not enough for a full strong mind to do. If any one will doubt this let him try his own strength in the discussions of several of them.

In truth the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field of any specialty in science be narrow it can be dug deeply. In science, as in mining, a very narrow shaft if only it be carried deep enough, may reach the richest stores of wealth and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that to the common mind seemed small and trivial.

And study in a Congress such as this may be a useful remedy for self-sufficiency. Here every group may find a rare occasion, not only for an opportune assertion of the supreme excellence of its own range and mode of study, but for the observation of the work of every other. Each section may show that its own facts must be deemed sure, and that by them every suggestion from without must be tested; but each may learn to doubt every inference of its own which is not consistent with the facts or reasonable beliefs of others. Each may observe how much there is in the knowledge of others which should be mingled with its own; and the sum of all may be the wholesome conviction of all that we can not justly estimate the value of a doctrine in one part of our science until it has been tried in many or in all.



We were taught this in our schools, and many of us have taught that all the parts of medical science are necessary to the education of the complete practitioner. In the independence of later life some of us seem too ready to believe that the parts we severally choose may be self-sufficient, and that what others are learning can not much concern us. A fair study of the whole work of the Congress may convince us of the fallacy of this belief. We may see that the test of truth in every part must be in the patient and impartial trial of its adjustment with what is true in every other. All perfect organizations bear this test; all parts of the whole body of scientific truth should be tried by it.

Moreover I would not, from a scientific point of view, admit any estimate of the comparative importance of the several divisions of our science, however widely they may differ in their present utilities. And this I would think right, not only because my office as president binds me to a strict impartiality and to the claim of freedom of research for all, but because we are very imperfect judges of the whole value of any knowledge, or even of single facts; for every fact in science, wherever gathered has not only a present value, which we may be able to estimate, but a living and germinal power of which none can guess the issue.

It would be difficult to think of any thing that seemed less likely to acquire practical utility than those researches of the few naturalists who, from Leeuwenhoeck to Ehrenberg, studied the most minute of living things—the vibrionidæ. Men boasting themselves as practical might ask, “What good can come of it?” Time and scientific industry have answered, “This good: those researches have given a more true form to one of the most important practical doctrines of organic chemistry; they have introduced a great beneficial change in the most practical part of surgery; they are leading to one as great in the practice of medicine; they concern the highest interests of agriculture; and their power is not yet exhausted.”

And as practical men were in this instance incompetent judges of the value of scientific facts, so were men of science at fault when they missed the discovery of anesthetics. Year after year the influences of laughing gas and of ether were shown the one fell to the level of the wonders displayed by itinerant lecturers, students made fun with the other; they were the merest practical men, men looking for nothing but what might be straightway useful, who made the great discovery which has borne fruit not only in the mitigation of suffering, but in a wide range of physiological science.

The history of science has many similar facts, and they may teach

that any man will be both wise and dutiful if he will patiently and thoughtfully do the best he can in the field of work in which, whether by choice or chance, his lot is cast. There let him at least search for truth, reflect on it, and record it accurately; let him imitate that accuracy and completeness of which I think we may boast that we have, in the descriptions of the human body, the highest instance yet attained in any branch of knowledge. Truth so recorded can not remain barren.

In thus speaking of the value of careful observation and records of facts, I seem to be in agreement with the officers of all the sections; for without any intended consent they have all proposed such subjects for discussion as can be decided only by well-collected facts and fair direct inductions from them. There are no questions on theories or mere doctrine. This I am sure may be ascribed not to any disregard of the value of good reasoning or of reasonable hypotheses, but partly to the just belief that such things are ill suited for discussion in large meetings, and partly to the fact that we have no great opponent schools, no great parties named after leaders or leading doctrines about which we are in the habit of disputing. In every section the discussions are to be on definite questions which, even if they be associated with theory or general doctrines, may yet be soon brought to the test of fact; there is to be no use of doctrinal touchstones.

I am speaking of no science but our own. I do not doubt that in others there is advantage in dogma, or in the guidance of a central organizing power, or in divisions and conflicting parties. But in the medical sciences I believe that the existence of parties founded on dominant theories has always been injurious; a sign of satisfaction with plausible errors, or with knowledge which was even for the time imperfect. Such parties used to exist, and the personal histories of their leaders are some of the most attractive parts of the history of medicine; but although in some instances an enthusiasm for the master-mind may have stirred a few men to unusual industry, yet very soon the disciples seem to have been fascinated by the distinctive doctrine, content to bear its name and to cease from active scientific work. The dominance of doctrine has promoted the habit of inference and repressed that of careful observation and induction. It has encouraged that fallacy to which we are all too prone, that we have at length reached an elevated sure position on which we may rest, and only think and guide. In this way specialism in doctrine or in method of study has hindered the progress of science more than the specialism which has attached itself to the study of one organ or of one method of practice. This kind of specialism may enslave inferior

minds. The specialism of doctrine can enchant into mere dreaming those that should be strong and alert in the work of free research.

I speak the more earnestly of this because it may be said, if our Congress be representative—as it surely is—may we not legislate? May we not declare some general doctrines which may be used as tests and as guides for future study? We had better not.

The best work of our International Congress is in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion of truth as nearly to completion as may from year to year be possible. Thus chiefly our Congress may maintain and invigorate the life of our science. And the progress of science must be as that of life. It sounds well to speak of the temple of science and of building and crowning the edifice. But the body of science is not as any dead thing of human work, however beautiful. It is as something living, capable of development and a better growth in every part. For as in all life the attainment of the highest condition is only possible through the timely passing by of the less good, that it may be replaced by the better, so is it in science. As time passes, that which seemed true and was very good becomes relatively imperfect truth, and the truth more nearly perfect takes its place.

We may read the history of the progress of truth in science as a paleontology. Many things which, as we look far back, appear, like errors, monstrous and uncouth creatures, were in their time good and useful—as good as possible. They were the lower and less perfect forms of truth which, amid the floods and stifling atmospheres of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold.

This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we can not hope to complete, and in which we see continual and sometimes disheartening change. It is, at least, full of comfort to those of us who are growing old. We that can read in memory the history of half a century might look back with shame and deep regret at the imperfections of our early knowledge if we might not be sure that we held and sometimes helped onward the best things that were in their time possible, and that they were necessary steps to the better present, even as the present is to the still better future; yes, to the far better future, for there is no course of nature more certain than is the upward progress of science. We may seem to move in

circles, but they are the circles of a constantly-ascending spiral. We may seem to sway from side to side, but it is only as on a steep ascent which must be climbed in zigzag.

What may be the knowledge of the future none can guess. If we could conceive a limit to the total sum of mental power which will be possessed by future multitudes of well-instructed men, yet could we not conceive a limit to the discovery of the properties of materials which they will bend to their service. We may find the limit of the power of our unaided limbs and senses, but we can not guess at a limit to the means by which they may be assisted or to the invention of instruments which will become only a little more separate from our mental selves than are the outer-sense organs with which we are constructed.

In the certainty of this progress the great question for us is, what shall we contribute to it? It will not be easy to match the recent past. The advance of medical knowledge within one's memory is amazing, whether reckoned in the wonders of the science not yet applied or in practical results in the general lengthening of life, or, which is still better, in the prevention and decrease of pain and misery and in the increase of working power. I can not count or recount all that in this time has been done, and I suppose there are very few, if any, who can justly tell whether the progress of medicine has been equal to that of any other great branch of knowledge during the same time. I believe it has been. I know that the same rate of progress can not be maintained without the constant and wise work of thousands of good intellects; and the mere maintenance of the same rate is not enough, for the rate of the progress of science should constantly increase. That in the last fifty years was at least twice as great as that in the previous fifty. What will it be in the next? or, for a more useful question, what shall we contribute to it?

I have no right to prescribe for more than this week. In this let us do heartily the proper work of the Congress—teaching, learning, discussing, looking for new lines for research, planning for mutual help, forming new friendships. It will be hard work if we will do it well; but we have not met for mere amusement or for recreation, though for that I hope you will find fair provision, and enjoy it the better for the work preceding it.

And when we part let us bear away with us not only much more knowledge than we came with, but some of the lessons for our conduct in the future which we may learn in reflecting the work of our Congress.

In the number and intensity of the questions brought before us we may see something of our responsibility. If we could gather into



thought the amounts of misery or happiness, of helplessness or of power for work which may depend on the answers to all the questions that will come before us, this might be a measure of our responsibility. But we can not count it. Let us imagine it. We can not, even in imagination, exaggerate it. Let us bear it always in our mind, and remind ourselves that our responsibility will constantly increase. For as men become in the best sense better educated, and the influence of scientific knowledge on their moral and social state increases, so among all sciences there is none of which the influence and therefore the responsibility will increase more than ours, because none more intimately concerns man's happiness and working power.

But more clearly in the recollections of the Congress we may be reminded that in our science there may be or rather there really is a complete community of interest among men of all nations. On all the questions before us we can differ, discuss, dispute, and stand in earnest rivalry, but all consistently with friendship, all with readiness to wait patiently till more knowledge shall decide which is in the right. Let us resolutely hold to this when we are apart. Let our internationality be a clear, abiding sentiment, to be, as now, declared and celebrated at appointed times, but never to be forgotten. We may perhaps help to gain a new honor for science if we thus suggest that in many more things, if they were as deeply and dispassionately studied, there might be found the same complete identity of international interests as in ours.

And then let us always remind ourselves of the nobility of our calling. I dare to claim for it that, among all the sciences, ours in the pursuit and use of truth offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or willful wrong, they hardly can be put asunder. And each of them is admirable in its kind. For in every search for truth we can not only exercise curiosity and have the delight, the really elemental happiness of watching the unveiling of a mystery, but on the way to truth if we look well round us we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is that in all her works wonder is harmonized with utility, so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And this utility is not selfish. It is not in any degree correlative with money-making. It may generally be estimated in the

welfare of others better than in our own. Some of us may indeed make money and grow rich, but many of those that minister even to the follies and vices of mankind can make much more money than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success. We can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers; but that wider charity which is practiced in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature, we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy.

Let us then resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood. And may God help us in our work.

ADDRESS OF JOHN ERIC ERICHSEN, F.R.S., ETC.

*Gentlemen:* Surgery is never stationary. To be stationary while all around is in movement would be practically to retrograde. But movement does not necessarily mean advance. The general direction of the movement may undoubtedly be forward, but the factors of that movement do not all equally tend to progress. When the history of surgery comes to be written—and this has never yet been done—it will be found that the surgery of the nineteenth century has not been uniform in its progress in all departments; that its advance has not been continuously in one line, but that its progress has been materially affected by the prevailing bias of the professional mind of the day. Anatomical at one time, physiological at another, the tendency of the surgery of the present day is influenced in one direction by the mechanical spirit of the age, and in another by the advanced pathology, which is one of its chief medical characteristics. Yet the continuous advance of our art is undoubted. The gain that thus results has been definitely secured to surgery and to mankind. It can never be lost. Every conquest that has been made has been permanent. Year after

year some new position has been won—often, it is true, after a hot conflict of opinion; but once occupied it has never been abandoned. Thus our standpoint has ever been pushed on in advance. For knowledge in science is cumulative, to its stores each generation has added, and skill in art is a tradition, that is hereditarily transmitted from master to pupil, if not by the individual, yet by the profession to which he belongs, from which he has acquired, and to which he bequeathes it, augmented and perfected by his own labors. With the knowledge of our predecessors we are familiar. What they have done has been transmitted to us and we can readily accomplish. In what we can do we may be sure our successors will not fail.

It is well that from time to time this advance should be measured, this gain weighed. The business of this section is not only to measure the extent of the advance, but to determine the value of the gain, and to do this, not so much by the novelty of the practice or by the brilliancy of its exposition, as by an estimate of its intrinsic merit, as shown by its proved utility. Our business here has to do with practical considerations, having reference to the recent advances in or the future lines to be followed by modern surgery.

The executive of this section has proposed eight subjects for the consideration of its members. It is hoped that these will be found to include the more important surgical questions that are at present most prominently before the profession. The short time at our disposal, which will scarcely enable us to do full justice even to these subjects, has prevented the possibility of our bringing forward other and perhaps equally interesting questions; but some of these will be found to have received consideration in the papers which will be read either *in extenso* or in abstract, as time may allow.

I will now briefly refer to the more important subjects that have been set down for our consideration.

1. In no department of surgery has a more marked or more brilliant advance been made of late years than in that which concerns the operative treatment of intra-peritoneal tumors.

The establishment of ovariectomy as a recognized surgical operation has now long been matter of history, but the perfection of safety to which it has of late years been carried by the improvement of its details has led the way to a vast and rapid extension of operative surgery for the cure or relief of various diseased abdominal organs. The uterus and the spleen, the stomach, the pylorus, and the colon have each and all been subjected to the scalpel of the surgeon, with what success has yet to be determined; and it is for you to decide whether some, at least, of these operations constitute real and solid advance-

ment in our art, or whether they are rather to be regarded as bold and skillful experiments on the endurance and reparative power of the human frame—whether, in fact, they are surgical triumphs or operative audacities. There must, indeed, be a limit to the progress of operative surgery in this direction. Are we at present in a position to define it? There can not always be new fields for conquest by the knife; there must be portions of the human frame that will ever remain sacred from its intrusion, at least in the hands of the surgeon. May there not be some reason to fear lest the very perfection to which ovariectomy has been carried may lead to an over-sanguine expectation of the value and safety of the abdominal section, and exploration when applied to the diagnosis or cure of diseases of other and very dissimilar organs, in which but little of ultimate advantage and certainly much of immediate peril may be expected from operative interference?

2. In the discussion of the next great question I would submit that we may with advantage direct our attention less to the mere mechanical—the simple operative part of the business, the details of which are now well understood—than to the consideration of those higher questions as to the diagnosis and nature of the various forms of renal disease, in which nephrotomy and nephrectomy may be respectively used with a reasonable hope of relief or cure. And in considering the prospects afforded by these operations in the improvement of the health and the mitigation of the sufferings of the patient it is surely not the least interesting point for us to study the after-physiological effects produced on the system by the extirpation of so important an eliminatory organ as the kidney.

3. We naturally pass from the consideration of operations on the kidney to that of those which implicate the bladder, and in doing so we have specially to direct our attention to the question as to what advances have of late been made in lithotomy and lithotripsy.

In lithotomy we see much of change, possibly something of novelty, but not so certainly any thing of real progress. Have we indeed advanced one single step either in the perfection or in the results of that operation since the days of Cheselden, of Martineau, or of Crosse, not to mention the names of more recent but equally illustrious surgeons and successful operators? The revived median, the combination of it with lithotripsy, the suprapubic, whether done antiseptically or not, have certainly not been very encouraging in their results, and can scarcely claim to be considered in the light of an advance on the old lateral operation in skillful hands. But yet we must admit that these methods of lithotomy may deserve this consideration, that possibly in



some forms of calculus and in certain conditions of the urinary organs a wise eclecticism may be exercised in the choice of one or other of them.

In lithotrixy, however, it is probable that a great and real advance has been made, and certainly it is undoubted that a complete revolution has been effected by the enterprise and skill of one of our American brethren; for it can not be questioned that "Bigelow's operation" has completely changed the aspect of lithotrixy, and there is every reason to believe that it constitutes one of those real advances in a method which marks an epoch not only in the history of the operation itself, but in the treatment of the disease to which it is applicable.

But here a fertile field opens up for our deliberation. We have to consider not only in what cases, as regards the mere size of calculus, "Bigelow's operation" may safely be used, but also, and far more important than this, the ultimate result both upon the bladder and the kidney of prolonged intra-vesical instrumentation. The mere question as to the comparative advantages of removal of stone by one or by several sittings is dwarfed by the more important one of determining the state of the bladder that results, not perhaps so much as concerns the life as the future comfort of the patient. It is here that information is much needed, and it is here that, unfortunately, but for very obvious reasons, the lithotritist himself may in many cases be unable to furnish it.

4. Prehistoric man was doubtless a victim of injury before he became a sufferer from disease, and the treatment of wounds constituted probably the first effort of the healing art. From the earliest dawn of human intelligence the attempt to cure a wound must have suggested itself to man, and yet at the close of the nineteenth century we are still discussing the best methods of doing this and the causes of their failure. There is still difference of opinion and of practice among surgeons, not only as to the comparative advantages of the "open air" method and that in which all atmospheric contact is carefully guarded against, of the "dry" and of the "moist" system of dressing, as to whether the "antiseptic method" in a modified form suffices or whether the more elaborate system of local treatment before, during, and after an operation, which has been devised by the skill and worked out by the unwearied labor of Lister, be essential in all cases of operation-wound. Not, of course, for its primary union, for this may be obtained by any and every of the methods mentioned. If it be contended that this system is necessary for the safety of the patient and the due healing of the wound in some cases, has it been proved to be equally essential in traumatic lesions of all tissues, of all organs, and of all regions? These are questions that may well deserve

the consideration of this section. But there are others of a yet wider character that must also engage our attention in any discussion on the best methods of securing primary union in wounds; for it is impossible to fail to recognize in the general constitutional state of the patient a most important factor in this direction; and we should be taking a narrow view of this many-sided question if we did not give due weight to the influence of those hygienic conditions which, if faulty, are inimical or even destructive to the due performance of those actions which are necessary for the maintenance of the organism in a healthy state, and for the proper nutrition and consequent repair of the tissues of the body. Is there no fear that in some of the modern systems of treating wounds we are in danger of expending all our precautions in the prevention of the local and of ignoring the risk of a constitutional infection?

5. The treatment of aneurism is one of those great questions which from an early period in the history of modern surgery has occupied the attention of practitioners, and has undergone no little fluctuation. A few years ago the battle between the ligature and compression appeared to have been decided in favor of the latter, but the invention of improved ligatures, made of various kinds of animal tissue and applied with antiseptic precautions, has once more inclined the balance of professional opinion toward the Hunterian operation. But now again the practice of compression has received renewed strength from the employment of Esmarch's elastic bandage in the cure of certain forms of external aneurism, and it is for you to determine in what cases it can be used with advantage, and in what way a cure is effected by its means. For in the treatment of aneurisms, as in that of so many other surgical diseases, the wiser and more scientific course is to follow a judicious system of selection in the method to be employed in each particular case, rather than to subject all to one unbending line of practice.

6. The treatment by resection of some forms of chronic and otherwise incurable joint-diseases has in certain articulations and at suitable ages met with the universal approbation of surgeons, and the wide extension of the principles of "conservative surgery" is one of the most striking evidences of advance in our art in modern times. Resection has, however, of late years come to be extensively applied to the treatment of cases of articular disease which formerly were subjected to procedures of a less heroic character; and it will be for the members of this section to weigh carefully the wisdom of such a measure, and to contrast its results, both as regards life of patient and after utility of limb, with those which may be obtained from the em-

ployment of milder means, such as absolute immobility with extension, and possibly, in some cases, simple incision of the articulation.

7. In considering the relations between adenoma, sarcoma, and carcinoma in the mammary gland of the female, I would venture to submit that this subject has to be discussed here from its clinical rather than from its pathological side. We have here less to do with the ultimate structure of the tumors, with their histological affinities, with the parts that are played by epiblasts and mesoblasts, with what epithelium or connective-tissue cells can or can not do, than with their clinical history, their differential diagnosis in their earlier stages, the best time for their removal by operation, the liability to recurrence after operation, and the possibility in recurrence of the substitution of one form of disease for another. With these, and such questions as these, we as clinical surgeons may advantageously occupy ourselves.

8. The last subject set down for discussion is one that has practical bearings of an importance that can not be overestimated. There are few questions of the present day of deeper surgical or social interest than the far-reaching, the apparently illimitable, and most pernicious extension of a syphilitic contamination of organs and of tissues, or the modifications impressed by it on other diseases that are the local developments of diatheses, whether strumous, tubercular, rheumatic, or gouty. Does the diathesis exercise any influence upon the form assumed by the syphilitic disease, and to what extent does it modify the characters presented by it in its primary and its secondary affections, more especially when the latter manifest themselves upon the skin or in the bones; how far are gummata and caries, psoriasis and rupia the consequences of a constitutional impress, influencing the direction of the syphilitic poison? To what extent may rickets and gray granulations be the ultimate products of the syphilitic taint? These and various other questions will probably occupy the attention of those who enter on the discussion of this wide-spreading subject.

We hope to be able to take the discussion of two questions on each day, so as to work through the eight in the time allotted to us. In addition to these there are various detached papers on subjects which are of much interest, but which scarcely admit of being classified under one or other of the above heads of discussion. These we shall take up as time and opportunity admit; but their number is so great that it is to be feared that full justice can scarcely be done to all, and that it will be unavoidable, on account of the limited time at our disposal, that a large number be read in abstract.

ADDRESS BY ALFRED H. M'CLINTOCK, M.D., LL.D.

*Gentlemen:* In opening the obstetric section of this seventh International Medical Congress, the first and most gratifying duty that devolves upon your president is to offer an earnest and hearty welcome to those obstetric members who have come from other nationalities and from distant British colonies to take part in this the largest convention of medical men that has ever perhaps assembled together at any one time or place. I present this cordial salutation not only on the part of the officers and council of the particular section over which I have the honor to preside, but also on the part of the obstetricians and gynecologists of England, Scotland, and Ireland.

We are proud and happy to meet here on British ground so many of our brethren from various parts of the civilized world, but especially from Germany, France, and America, and to accord them a friendly greeting, not only out of respect to their individual merits and high reputation, but as representing those great obstetric schools over which the names of Mauriceau, Levret, Baudelocque, and Dubois, of Roederer, Siebold, Naegele, Kiwisch, and Scanzoni, and of Bard, Dewees, Meigs, and Hodge have severally shed such imperishable luster.

Not the least of the important objects contemplated in this Congress is the interchange of friendly feelings among its members. I am fully persuaded that our reunions will be attended not alone with benefit to us all by the attrition of mind with mind, but that new friendships will be formed and old friendships confirmed, and that sentiments of mutual respect and regard will be developed, so as to strengthen the bond of brotherhood which should unite us as fellow-workers in the same department of medicine.

Allow me before going further to express my deep sense of the unexpected, unmerited dignity which the Congress has conferred by putting me into the position of president of this important section. I feel it to be the highest and most flattering honor of my long professional life. Such a compliment more than repays one for forty years of labor and devotion, for it sets the seal of approval by contemporaries on my past life, and leaves nothing further or higher to aspire to in the way of professional distinction. At the same time, gentlemen, this feeling of just pride and exaltation is mingled with a very poignant sense of incapacity, and I might well shrink from the responsibility of the post, but that in the discharge of its duties I shall have the aid and coöperation of such accomplished men as those who constitute



the vice-presidents and council of the section. They, in truth, are the giants on whose shoulders I am raised to the exalted position it is my good fortune to occupy in this Congress.

Inasmuch as this is the first occasion of the International Medical Congress meeting in London, it may not be inappropriate if I pass in review some of the more prominent among the many eminent obstetricians who lived and practiced in this city, who, by their writings, teaching, and discoveries, have contributed in no small measure to the development of midwifery and gynecology, as well as to the medico-chirurgical fame of London. I must, however, study brevity, being desirous, if possible, to keep within the fifteen minutes allowed for the readings of communications, so as to set an example of obedience to the rules of the Congress.

In this retrospective glance I find only one name standing out in the sixteenth century—Thomas Raynald, the translator of Eucarius Rhodion's celebrated treatise *De partu Hominis*. The original English edition, by Raynald, appeared about 1540, and was the first distinct treatise on midwifery in the English language, and for over one hundred years was the sole guide and text-book of obstetric practitioners, male and female.

In the early part of the seventeenth century the immortal William Harvey (*tanto nomini nullum par eulogium*) stands forth conspicuous, the splendor of his fame increasing as years roll on. He spent most of his time here, being physician to the king, and he delivered courses of lectures at the Royal College of Physicians on anatomy and surgery. As a practitioner we know from the testimony of his contemporaries that Harvey excelled in midwifery and in the treatment of female diseases.

Before the publication of his celebrated exercitations on generation, parturition, conception, etc., there were, according to Dr. Aveling, "but three works on midwifery in our language. These were translations from Rhodion, Rueff, and Guillemeau. His was the first book on midwifery written by an Englishman printed in our own language, and the influence which it had upon the practice of the time would with difficulty now be estimated. His claim therefore to eminence in our department of medicine is beyond question." With this conviction on our minds we shall the more heartily yield our applause when his magnificent memorial statue is unveiled at Folkestone, the place of his nativity, on Saturday next—a ceremony, I may remark, which has with good taste and judgment been purposely so arranged that this great Medical Congress may take a part in showing honor and respect to the memory of one of the greatest discoverers in the

science of medicine, and consequently one of the greatest benefactors of the human race.

Contemporary with Harvey was another remarkable man—Peter Chamberlen, the inventor of the midwifery forceps, indisputably the most valuable instrument of the whole *armamentarium chirurgicum*. Unfortunately for him, however, the brilliancy of his reputation is obscured by the unworthy selfish conduct which caused him to keep the instrument a secret for the aggrandizement of himself and family. He was father of Dr. Hugh Chamberlen, the translator into English of Mauriceau's works. There is a handsome monument to the memory of this Dr. Hugh Chamberlen in Westminster Abbey, erected by his patron and friend the Duke of Buckingham. No less than five generations of the Chamberlen family were eminent in the medical profession here, and Dr. Peter, who attained a great age, had been physician to five English sovereigns.

Toward the close of this (seventeenth) century Richard Wiseman, "Serjeant-chirurgion" to Charles I, published his treatise on surgery, in which he gives an excellent description of pelvic abscesses consequent on parturition. He thus anticipated Puzos's essay on the same disease, and put forward much more rational and correct views as to its pathology. The eighteenth century was destined to see a marvelous development of midwifery, as well as of many other arts and sciences. As might therefore be expected, London can boast of several eminent obstetricians at this period.

In chronological order the first to be mentioned is Dr. John Arbuthnot, F.R.S. and F.R.C.P., physician to Queen Anne. Although he has left no enduring evidence of obstetric superiority, yet he was an eminent accoucheur in his day, and reflected infinite credit on our order by his rare literary talents, his deep scholarship, and his exalted social position. He was skilled in every thing that related to science, and held a prominent place among the ablest writers and wits of that Augustan age, one of whom (Swift or Pope) alludes in his poetry to

"Arbuthnot's soft obstetric hand."

A man who was considered a friend and an equal by Parnell, Gay, Bolingbroke, Swift, and Pope could not fail to adorn any pursuit to which he devoted his vast intellectual powers. Speaking of him, Swift said, "He has more wit than we all, and his humanity is equal to his wit." A higher tribute could not have been paid him.

The next to be mentioned is Dr. John Maubray, not on account of any peculiar merit in either of his works, "The Female Physician"

and "Midwifery Brought to Perfection," but because he is reputed to have been the first public teacher of midwifery in this country. He lectured, Dr. Denman tells us, at his house in Bond Street so far back as the year 1724.

Nearly contemporary with Maubray was Dr. Edmund Chapman. He was the second public teacher of midwifery in this city, and is entitled to our lasting gratitude for having been the first to publish to the world a description of that "noble instrument" (to use his own phrase), the obstetric forceps, the secret of which the Chamberlens kept to themselves for over fifty years. This he did in the "Edinburgh Medical Essays," and subsequently in his treatise "On the Improvement of Midwifery chiefly with regard to the Operation," the operation meaning the application of the forceps. The first edition of this book came out in 1733.

About this same period also lived Sir Richard Manningham, F.R.S., a man of considerable learning and of great reputation as a successful midwifery practitioner. He was author of some obstetric works of temporary consequence, and his claim to remembrance arises from the circumstance that in the year 1739 he opened a ward in the Parochial Infirmary of St. James, Westminster, exclusively for the reception of parturient women, which was the first thing of the kind in Great Britain. Shortly afterward the idea was taken up and enlarged upon elsewhere, and the great Lying-in Hospital of Dublin was founded by Dr. Bartholomew Mosse, being the first hospital of the kind in the British dominions.

The very same year that Sir Richard Manningham opened his obstetric ward in St. James's Infirmary, as we have just seen, a surgeon from a small country town in Scotland established himself here in London as an accoucheur, who ultimately effected the greatest reformation that had yet taken place in the principles and practice of obstetrics. This man was William Smellie, a name always to be respected wherever midwifery is cultivated as a science. For twenty years Smellie practiced and taught here, and published the first volume of his celebrated treatise in 1751 and his splendid anatomical plates in 1754. Among his pupils who later on became eminent in the same branch of medicine were William Hunter, Denman, David McBride (of Dublin), John George Roederer (subsequently Professor of Midwifery at Göttingen), Dr. James Lloyd of Boston, U. S., and Dr. Wm. Shippen, afterward Professor of Midwifery in the Pennsylvanian University—these last being, according to Professor Parvin, "the two first American obstetric practitioners." Most gladly would I linger over

the life and works of this great man, but I must content myself with a few sentences.

Smellie possessed a wonderful capacity for work, and a clear judgment; but beyond and above this he was endowed with a singularly accurate perception of facts, which made him a correct as well as a close observer of nature. Herein lay the secret of his unrivalled success as a reformer and improver of midwifery. He himself felt this to be so, for in reviewing his practice he says, "I diligently attended to the course and operations of Nature which occurred in my practice, regulating and improving myself by that infallible standard." (Case 186, Sydenham Society Edition.) Truly he was, in the words of Dr. Hugh Miller, a "noble character and an example of earnest living."

A couple of years after Smellie settled in London there came to live with him a young man from the Scottish county—Lanarkshire—of which Smellie himself was a native. This young man was no less a person than William Hunter—a name familiar to you all—whose plates and descriptions of the human gravid uterus have gained their author a foremost rank among obstetric writers. By his great reputation as a lecturer and as an anatomist, aided no doubt by his prepossessing appearance, polished manners, and cultivated mind, Hunter proved a successful competitor of Smellie's in practice. Like him, he also gave special courses of lectures on midwifery, MS. notes of which are to be found in many libraries. Dr. Matthews Duncan tells us the College of Physicians possesses two pretty complete volumes of such notes.

In 1748 Hunter was appointed surgeon and man-midwife to Middlesex Hospital, and soon afterward to the British Lying-in Hospital; for though the physicians claim him as belonging to themselves, yet it can not be disputed that Hunter was a surgeon and member of the Corporation of Surgeons of this city.

Besides being a rival, he was in some respects a contrast to Smellie. The school of obstetrics founded by the latter was not inaptly described by the late Tyler Smith as the mechanical school, from the importance it attached to the resources of art in aiding parturition. Hunter, on the other hand, placed extraordinary reliance on the powers of nature, and trusted too much to tincture of time. Hence his followers have been designated the physiological school; and through the influence of his commanding authority they formed a large section of the profession, and could boast some great names.

Although we may regard Hunter as one of ourselves, and appropriate much of the glory with which his name is invested, "yet it is



necessary," as Dr. Duncan observes, "with a view to justice to point out that his obstetrical fame is chiefly anatomical, and that his greatest claim on our admiration and gratitude arises from his anatomical work and influence." (Harveian Address, 1876.)

It is a just boast of the English school of midwifery that what, in the truest and strictest sense, is "the most conservative of all the resources of our art," was first formally admitted a place among obstetric operations in this city and about the year 1756. The recognition by the profession of the artificial induction of premature labor was the outcome of a medical conference held at the time and place just mentioned. Who was the first or most strenuous advocate of the operation at that conference does not appear; but we do know that the first to put it in practice was Dr. Macaulay, a midwifery practitioner of this city. It is natural and just, therefore, to identify his name with this most beneficent measure, and to accord him a prominent place among the many distinguished accouchers who lived and practiced here.

One of the greatest ornaments of that physiological school of accouchers—founded, we may say, by William Hunter—was Thomas Denman, a man of remarkably sound judgment, great prudence, and of the highest moral integrity. Throughout half a century he lectured and practiced in this city. His work, entitled "An Introduction to the Practice of Midwifery," is well known to most of you. It has many peculiar excellences, but to my mind the chief is his classification of labor, which is at once comprehensive, pathological, and practical, and thereby serves the highest purposes of any system of classification.

Did time permit, I could multiply these brief sketches so as to include many other London obstetricians who lived since the commencement of the present century, of less note, it is true, but yet men who stood far above mediocrity, and who, by their writings, their teaching, and their practice, materially aided the advancement of midwifery and gynecology. I must content myself, however, with a mere recital of their honored names—viz: John Clarke, Osborne, Leake, Bland, Merriman, Charles Clarke, Gooch, David Davis, Blundell, John Ramsbotham, Marshall Hall, Robert Lee, Robert Ferguson, Rigby, jr., Francis Ramsbotham, Granville, Ashwell, Lever, Locock, Waller, Murphy, Tyler Smith, Oldham. These men all lived so near our own times (at least those of us who, like myself, have reached the grand climacteric) that the bare mention of their names at once recalls the titles and the nature of their respective contributions to the funded capital of our professional knowledge.

Of the living obstetric celebrities who make this city the scene of their work and their influence I purposely refrain from speaking.

“My thoughts are with the dead. With them  
I live in long-past years;  
Their virtues love, their faults condemn;  
Partake their hopes and fears;  
And from their lessons seek and find  
Instruction with an humble mind.”—SOUTHEY.

But to a more worthy occupant of this chair at some future meeting of the Congress, after we have played our little parts in life's drama, I bequeath the grateful, pleasing task of supplementing the above list with the names of those eminent London obstetricians and gynecologists whom to meet and to know is assuredly the most gratifying of the many privileges connected with this great international gathering.

ADDRESS BY CHARLES WEST, M.D.

*Gentlemen:* My first duty in taking this chair is a most pleasant one. It is to express my deep sense of the honor done me by my countrymen when they selected me as not unworthy to represent that department of medicine in England which we all assembled here more especially to cultivate. The honor, too, was enhanced by the fact that at the time when it was conferred I was on the point of leaving London in search of what I am thankful to say I found, perfect health, in a land of constant sunshine. That I have found there, too, a second home, I owe it to the kindness of my French friends who received me so cordially and treated me so graciously. You did not regard me as a stranger, but as a fellow member of that great Société Internationale which has for its object, not the upsetting of thrones nor the changing of governments in quest of some grand social regeneration to be accomplished in a few days by violence and bloodshed, but the improvement of mankind by gentle means. The one, like the thunderstorm and the torrent, does but lay waste; the other is like the silent dew which falls unseen and fertilizes the land.

But while I thank you most heartily for all your goodness to me in what I may now call my adopted country, you will I am sure, find it but natural that I rejoice in returning once more to my native land; in seeing again the old familiar faces, and in revisiting the spots where I studied as a youth, or where I labored as a grown man.

Coelum, non animam mutant  
Qui trans mare currunt,

and my French sympathies are not one jot lessened because I still feel myself altogether an Englishman.

With these words, gentlemen, I should have wished to stop, and to have invited you to pass at once to the business for which we are met. Some three weeks ago, however, I learned to my dismay that the Executive Committee desired that the President of each Section should open its meetings by a short address bearing on its special objects. Far away from my books, moving each day from place to place, I felt my utter inability to do any thing worthy of the occasion. Moreover there came to my recollection an anecdote which did not help to cheer me. Dr. Johnson and his friend Boswell dined one day with a gentleman by special invitation. The next day Johnson complained to his friend of the meagerness of the entertainment. "Well, sir," said Boswell, "but it was a good dinner." "Yes," replied Johnson, "a good enough dinner, but it was not a dinner to ask a man to." And so if you should find now scanty and commonplace what I say, pray remember, gentlemen, the entertainment is not one which, had I been left to myself, I should have thought good enough to ask you to.

One accusation which I have heard brought against a meeting like the present is that it is apt to resolve itself into a mutual admiration society, each member praising what the other has done, all joining to extol what their own generation has accomplished, and that the gratification of personal vanities rather than the promotion of science is the chief outcome of the whole. But just as travelers on a long journey halt from time to time, and looking back on the road they have traversed, take courage to go further, so may we, with no feeling of undue self-gratulation, rejoice over what has been accomplished even in our own day as an earnest and a pledge of future progress, an inducement to more unwearied effort. Thirty years ago, throughout the whole of England and America, there was not a single hospital set apart for children. It was but rarely that one saw them, little waifs and strays, in the wards of our general hospitals, for the maxim *De minimis non curat lex* held good in medicine as in law. Germany too was in but little better case, and one was forced to go to Paris to study on a large scale those diseases which men like Guersent and Blache and Baron and Trousseau and Rogers investigated with untiring zeal, and in spite of hospital arrangements, most painfully defective, strove to cure. We all know how this is altered now. In London there are six separate children's hospitals, each, I believe, with its convalescent branch; and children's wards are to be found in every one of the large London hospitals. There are special children's hospitals in every large town in England. America and Germany have followed the same example, and almost every where throughout Europe the opportunities for the study of the diseases of children

are almost as numerous as for the diseases of the adults. Nor has this wide field been without abundant husbandmen to till it, and we may count with satisfaction the fruits of their labors.

The vague phraseology which served for years to conceal our ignorance even from ourselves has been to a great degree done away with. We talk no longer of worm fever, remittent fever, gastric fever, and so on; for under these various names we recognize the one disease, typhoid fever, varying in severity but marked always by its own characteristic symptoms. Half a page in a hand-book was all that was to be found thirty years ago concerning heart-disease in childhood; while at the present day the frequency of heart-disease has been fully recognized, and it has been studied with as minute a care in the child as in the adult. The various inflammations of the respiratory organs are no longer looked upon as a whole, but each is referred to its proper class, and we distinguish lobar and lobular pneumonia, bronchitis, and capillary bronchitis, and assign to each its proper place and its characteristic symptoms. Nor have our therapeutics lagged behind. I remember the hesitation with which some years ago my dear friend and master, the late Dr. Latham, decided on tapping the chest of a boy eight years of age, who was received into St. Bartholomew's Hospital on account of a pleurisy which had terminated in empyema; and the delight, the wonderment almost, with which we regarded the successful issue of the operation in a child so young. A few months ago I communicated to the Medical Society of Nice the particulars of fifty cases in my own practice where paracentesis of the chest had been performed at my desire, and several of you gentlemen could relate as many cases as mine. That once almost unrecognized disease, diphtheria, has been studied with the greatest care; its relation to membranous croup has been investigated; the close connection of the two has been demonstrated. I for my part should not hesitate to say their absolute identity has been established. Much light has been thrown on the various diseases of the nervous system. That once enigmatical affection, the so-called essential paralysis of infancy and childhood, has been shown (in the first instance by the researches of my friend, Mr. Roget, and his able coadjutor, M. Damaschino) to be due to an acute inflammatory softening of the gray matter of the anterior columns of the spinal cord; and twenty-five recorded observations since that time attest the truth of their discovery. Though strictly speaking, perhaps not a disease of the nervous system, the pseudo-hypertrophic muscular paralysis of Duchenne claims mention here as a new and important addition to our knowledge of the pathology of early life.



I fear to weary you by further enumeration, else it would not be difficult to increase largely the instances of new and most important knowledge added to our stores since my student days. In estimating the value of their gains, too, it must not be forgotten that each truth established means an error exploded; so much base metal, so much counterfeit coin withdrawn from circulation, or to put it differently, so much sterling gold substituted for inconvertible paper money. In this progress surgery has every where borne a large part. The treatment of hip-disease, the excision of scrofulous joints, the new modes of treatment of spinal curvature—some, indeed, still on their trial—the operation for the cure of genu valgum, which one can not mention without a fresh tribute of thanks to Joseph Lister, who in this instance has rendered a proceeding safe and salutary, from which but a few years since the common sense of the surgeon would have recoiled, are so many fresh instances of progress made during a period of a little more than the half of my professional life. I take it, however, that the great use of meetings such as the present is to take stock, far less of what we know than of what we do not know, or know at best but imperfectly. A few of these problems have been submitted to you in the list of subjects for discussion. To some it is probable that the combined experience of so many and such distinguished men as are here present may furnish definite and conclusive answers. Other questions are introduced in the hope of gaining fresh information on points concerning which our knowledge is fragmentary; while there are many other problems still unsolved, on which it is hoped that fresh light will be thrown during the time of our meeting here.

And now with your permission I will conclude with an old apologue which tells how when the fabled Arabian bird renewed each hundred years its vigor and eternal youth, the birds of the air all helped to build its nest. The eagle and the wren contributed alike to this labor of love and duty; each brought what he could nor ceased till the task was done. And surely science and art, especially our science and art, are old and new, renewing day by day, burning by a voluntary self-cremation, old theories, half facts, hasty conclusions, and substituting more accurate observations, truer inferences, more solid judgments. To this great end we may all do something; but labor as we may our task will never be finished, for not once in a hundred years, as the fable runs, but every day and all day long the process goes on—a daily death, a daily renewal, as in our body's growth—a death of error, a development of truth. (*The Lancet*, Aug. 6, 1881.)

## ADDRESS BY SIR WM. GULL, BART., M.D., F.R.S.

The president opened this section on Wednesday afternoon by an address in which he reviewed the present position of "Medicine." We can not give our readers the whole address, but the following is a fair abstract of it. "Solidism," Sir William Gull said, "is widely reasserting itself in the science of living things—not as an *à priori* system, but through the progress of knowledge. The proximate conditions of pyrexia are no longer vaguely referred to nerve, but to definite nerve-centers; hyperemia and inflammatory changes to sympathetic lesions; abnormal chemistry to the great respiratory centers; the strange conditions of Addison's disease, with its characteristic pigment, to the supra-renal bodies, themselves probably but nerve-centers, and related, at least by structure, to the system of the pituitary gland; epilepsy, supposed in Hippocratic times to be due to extraneous maleficent spiritual influences, is traceable to apparently trifling changes in a few grey nerve-cells. The specific fever-processes notoriously owe much of their character and intensity to the nervous system. Their relation to time, their occurrence only in warm-blooded animals, the great mortality they cause through nerve-exhaustion, and the immunity they leave behind them, indicate that, whatever may be the nature or mode of operation of their several poisons, it is by implication of nerve-elements that fever obtains its chief clinical characteristics. Further, in the advance of 'solidism,' what can interest us more than the recent investigations on contagia? Perhaps no more important step has been made in practical pathology than the proof that some, at least, of these contagia are organized solids. This discovery, which it has tried the patience, experimental skill, and scientific criticism of the best observers to establish, has brought us at length within view of that which has hitherto been so mysterious. To have been able to separate, though imperfectly, the contagious particles; to have come to the conclusion that no fever-poisons are soluble, is a hopeful preliminary toward forcing them to yield up the secret of their nature. If 'solidism,' as a theory of organic processes, wanted confirmation, we could point to nothing more striking than the present established views on putrefactive changes; and to the amazing fact that the normal textures and fluids of the body resist decomposition unless invaded by microscopic organisms. May we not hereafter find that all organic chemistry is the resultant of mechanical changes in organic solids? (Med. Times and Gazette, Aug. 6, 1881.)

## Notes and Queries.

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TARNIER'S FORCEPS.—Not the least interesting and valuable of the papers at the International Medical Congress was that presented the Obstetric Section by Tarnier upon his modification of the forceps. In *Le Progrès Medical* of August 13th we find an abstract of the paper and the accompanying discussion. We present below the salient points of each.

The following objections, according to Tarnier, are made to the ordinary forceps: 1. Traction made by the handle of the instrument are far from being directed in the pelvic axis, and cause dangerous pressure upon the walls of the pelvic cavity. 2. The force is applied too far from the center of the head, and the forceps is transformed into a lever of which the power threatens the integrity of the maternal structures.

On the other hand, the four principles upon which his forceps rest are these: 1. Drawing directly in the axis of the basin. 2. Applying traction the nearest possible to the center of the head. 3. Leaving the head seized by the forceps the mobility it has in natural labor either for flexion or deflexion or to pivot on the imagined pelvic axis. 4. Having an indicating needle which shows each moment the operator the movements of the fetal head, and guides him in the direction traction should be made.

Since the first model of this instrument was made, it has always been used by Tarnier and his pupils in easy and in difficult cases, and has always given excellent results, certainly superior to those obtained by the ordinary forceps.

Professor Lazarewitch, of Russia, remarked in regard to the three curvatures of the forceps—cephalic, pelvic, and perineal—that the first was indispensable, but the second was liable to produce lesions of the genital canal; the less the curvature the less the lesions.

Prof. A. R. Simpson indorsed Tarnier's instrument, while

Matthews Duncan stated that in a scientific point of view it was perfect, but time and experience must determine its practical value.

Dr. Stephenson, of Aberdeen, objected that this instrument needlessly increased force, that it could not flex the head nor rotate it, and that the guiding needle was not so valuable as the muscular sense of the operator.

Budin answered most ably all the criticisms hitherto made upon the instrument, such as its size, complexity, injurious pressure upon the fetal head, etc.

Dr. Robert Barnes spoke in favor of Tarnier's instrument, and very wisely answered one of Dr. Stephenson's objections, viz. that the instrument did not effect flexion or rotation, by saying that this was an advantage, for these movements ought to be trusted nature.

Atthill, of Dublin, objected that the compression of the fetal head was continuous with the Tarnier forceps, intermittent with others which were therefore less dangerous, and that he had seen the instrument slip in a case where Barnes's forceps succeeded perfectly.

It results from the discussion that the principles asserted by Tarnier governing the construction of the forceps remain established. No one attacked them. Their application may vary, as shown in the modification of Tarnier's instrument presented by Dr. A. R. Simpson, and that of Dr. Lusk presented by Professor Barker. The sole serious objection made to the Tarnier forceps is that it is more complicated; but this is of no importance if the result is better.

WANT OF CREDIT.—A polite note from the editor of the New York Medical Journal and Obstetrical Review suggests that a paragraph in the "clinic" of our last number ought to have been credited to his journal of June. Of course it was a great mistake to publish an extract from a foreign journal two months after it had appeared in an American journal, but it was a greater error to publish it without credit, and it happened because the "clinic"



of that number was chiefly made up by a friend who was too ill to revise the proof. That duty devolving upon the editor, he failed to give credit simply for the reason he did not know to what journal it should be given.

DR. MCCLINTOCK'S INAUGURAL ADDRESS AT THE INTERNATIONAL MEDICAL CONGRESS.—Assuming, as I hope I may do, that historical accuracy has equal claims with rhetorical flourish in the addresses from the presidents of the several sections of the International Medical Congress, I venture to ask the president of the Obstetric Section for his authority for the very precise and elaborate statement he made in his inaugural address that the celebrated Arbuthnot, the friend of Swift and Pope, and the favorite physician to Queen Anne, was a practitioner in midwifery. This is so startling and novel an assertion that one would really be glad to know more about it.

Dr. McClintock quotes a line from "Swift or Pope"—the words in inverted commas, be it observed, are his own; we may therefore infer he is not very certain about it—which, to all appearances, is his authority, and I suspect his only authority for the statement to which I take exception, or at least in respect of which I need more evidence than has yet been adduced. The line which my ear tells me Pope would have disowned as given by Dr. McClintock runs thus:

"Arbuthnot's soft obstetric hand."

To some persons this may seem conclusive; but where, I ask Dr. McClintock, is that line to be found? I have no recollection of it in any of Swift's or Pope's published works, and I have thus far searched for it in them in vain. Will Dr. McClintock pardon me if I suggest that his memory and his imagination have misled him in his fundamental fact, the line I am now considering, and that all his grand inferences based upon it are thereby vitiated? I believe Dr. McClintock has appropriated to Arbuthnot what Pope really wrote of a very distinguished obstetric practitioner and anatomist, Dr. James Douglas, a physician of great learning and no less taste, who, by the way, Dr.

McClintock strangely omits to notice, and whom the poet apostrophizes in the fourth book of the *Dunciad* as follows:

“To prove the goddess clear of all design,  
Bid me with Pollio sup as well as dine;  
There all the learn’d shall at the labor stand,  
And Douglas lend his soft obstetric hand.”

If I am right in my surmise the inference is clear that Dr. McClintock’s statement that Arbuthnot was an obstetric physician is wholly unfounded. (W. M., in *Lancet*, Aug. 20, 1881.)

*Editors American Practitioner:*

HOPKINSVILLE, KY., July 30, 1881.

We were surprised to find in the June number of Scribner’s *Monthly Magazine*, under the head of *Topics of the Time*, page 304, an article entitled “Advertising Patent Medicines.” When a first-class magazine lends its pages and its influence, both at home and across the seas, to the upbuilding of homeopathy and its heir-at-law, quack and proprietary medicines, we feel as though we had been remanded to the dark ages with its ignorance and superstition, and all these long years of human effort, action, and thought had been lost. The article in question is wholly filled with sophistry and based upon data which are pure dogmatisms and utterly irreconcilable with established medical truth. In the paper to which we refer, the advice given in its very beginning is most judicious, and had this good sense and fair-mindedness pervaded the whole article the writer in its completion would have given a paper directly in opposition to patent and proprietary medicines and homeopathy. We can readily see how papers may unwittingly get recognition in our leading journals and magazines, and the one in question may have escaped editorial vigilance; and it is only in this way the public can account for the presence of this paper in Scribner’s *Magazine* in advocacy of patent nostrums and homeopathy. The propositions laid down are—

1. There is no such thing as medical authority, and in the nature of things never can be.
2. Medicine is all empirical.

3. There are mainly two systems of medicine—the allopathic and homeopathic.

4. The people are to be the judges as to who are the true physicians, the true schools of medicine, and to adjudge the value of a remedy, be it a patent nostrum or otherwise.

These propositions we propose to take up *seriatim* and discuss with candor and fairness, but with brevity.

1. Medical authority dates from the remotest antiquity, and rests upon a basis as solid as the laws of planetary movement or the law of gravitation. But medicine is not an exact science; neither is chemistry nor geology; but this fact does not invalidate them as sciences. Science is knowledge orderly and methodically arranged; indeed science and truth may be considered synonymous terms. Take our great systems of surgery, practice of medicine, and materia medica, and here you find truth upon truth, "Ossa on Pelion." The great work being done by American physicians and surgeons is the eliciting of truth, incontrovertible truth; nor are we content to know facts, but to reason from principles, and thus account for facts. It is in this way the allopathic system of medicine has become a science.

2. The science of medicine as taught now rests not upon empiricism. Among the ignorant and illiterate, and leaping from this lowest stratum of humanity on a higher plane, we find a few of the better and more privileged classes espousing this system of quackery. The selection of this latter class can be interpreted on no other ground than a peculiar mental or moral obliquity. As to the former, no rational system can ever apply. Incantation, the royal touch, faith- and priest-cures must and ever will be the legal practice among them, until by a legitimate process of evolution, induced by proper culture, association, and education, this worse than Egyptian darkness be dispelled.

3. Of the two main systems of medicine to which the writer refers—the allopathic and homeopathic—I need say nothing of the former, since a knowledge of the one is gained by the fore-

going; but of the latter a clear exposition is demanded. Homeopathy is based mainly upon two grand dogmas; first, "like cures like;" and second, that infinitesimally small doses are adequate to the relief of disease. These have been proved to be false; and from false premises there must of necessity be false deductions. None but the deluded, superstitious, and ignorant could possibly indorse any such system; for it is contrary to all sound reasoning and to all truth. In the whole realm of science and independent thought we do not find any one adherent to this organized system of quackery. We maintain that whatever good results have been obtained from so-called homeopathy are due to the use of allopathic remedies given in allopathic doses. And it is the duty of all good men, as well as the duty of legislatures, to forbid this worst of all quackeries.

4. To the last and fourth proposition we answer that no one can be a judge of what they know nothing. The laity it is presumed are ignorant of the science of medicine, and this is the grand reason why they are deluded with the idea of the supernatural and with the dream of Hahnemann's similars, potencies, and triturations. A man who tills the soil has a right to be heard on agriculture; a political economist will be considered as authority on the tariff question; neither has any one doubted the ability of the revisers of the New Testament; but what statesman would apply to the people for a financial policy of a great nation? what country could so far forget herself as to cashier her tried leaders and appoint tyros to the command of her armies? It would be just as unwise to let the people, the *vulgus*, the rabble, be the judges and manipulators of our great educational systems as to suffer the youth of our country to pass judgment upon the revised edition of the New Testament or to elaborate a system of theology.

Lastly, the armamentarium of medicine rests upon a basis so strong that it only appeals to the common sense of the people and they adopt it, ever willing to take the *ipse dixit* of our great authorities, knowing that they are guided in perpetuating and in seeking out the truth. The public would repudiate all pro-



prietary and quack remedies if they could be lifted out of the grooves in which they have run so long, and they would pass by in silence these cunningly-devised papers written in their defense. The great house of Caswell & Hazard has been injured in the eyes of the enlightened public by the publication of this paper on which we have essayed to comment.

W. M. FUQUA, M.D.

THE USE OF CALCIUM PHOSPHATE.—Dr. des Vallières states (*Le Progrès Médical*) that he has obtained excellent results from the use of calcium phosphate in the form of Bayard's phosphatized peptone, in the cases of those children who, although to all appearance healthy, yet present marked evidence of a scrofulous diathesis. He also recommends this substance for the use of women during pregnancy; and he finds that after its use by lying-in women, the greater number of the dangers incident to the puerperal state from an imperfect supply of lime-salts disappear, while at the same time the number of still-born children diminishes. The milk, which is too often poor in calcium and phosphorus, regains that maximum which nature has fixed upon as necessary for the nutrition of the child. Dr. Choffart, in like manner, praises phosphorized peptone as a remedy in pulmonary phthisis, and relates a case in which he has reason to suppose that the calcareous degeneration of tubercles was greatly aided by the administration of this drug.

TREATMENT OF NERVOUS PALPITATIONS.—The Practitioner copies from *Le Médecin Praticien* the following:

Dr. Bouchut treats nervous palpitation by the method which he calls *congestive*, since it produces a congestion of the vessels of the upper half of the body. This plan instantly stops that form of palpitation of the heart which is not caused by an organic lesion. The method first introduced by Dr. Hardier is as follows: The patient standing in the erect position with his legs fixed and straightened, bends the upper half of his body rapidly forward so that his hands touch his toes; by this movement the head is lowered and becomes congested. The column of blood immediately runs into the tissues,

and a sensation of fullness is perceived due to increased arterial and venous tension. If the hand is placed over the cardiac region while the patient is in this attitude, the palpitation will be found to have disappeared, while the heart has resumed its ordinary rhythm. The congestive attitude is not applicable to old persons, to those who are the subject of chronic alcoholism, or in short to any one in whom there is doubt as to the integrity of the veins and arteries.

THE INTERNATIONAL MEDICAL CONGRESS.—For a full account of this most interesting meeting our readers must wait our next number. Dr. Yandell, who bore such a prominent part in some of the proceedings, and whose powers of observation and description are unsurpassed, will return about the 20th of this month, and a rich treat may be expected from his facile pen. We may mention incidentally that the two addresses received with the greatest favor were those of Paget and Billings, and we are sure every American physician will rejoice in the honor won by our distinguished countryman.

TRI-STATE MEDICAL SOCIETY.—The seventh annual meeting of the Indiana, Illinois, and Kentucky Tri-State Medical Society will be held in the city of St. Louis, Mo., Tuesday, Wednesday, and Thursday, October 25, 26, and 27, 1881. The profession of the Mississippi Valley are cordially invited to attend.

BAKER'S COD-LIVER OIL.—For many years we have recognized this as one of the best brands in the market, and have used it more than any other.

# THE AMERICAN PRACTITIONER.

OCTOBER, 1881.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ON CHOLERA INFANTUM.\*

BY T. C. QUINN, M.D.

From the history, cause, symptoms, and anatomical lesions of cholera morbus and cholera infantum it is evident that they are one and the same disease, modified by age and organization; for nearly all the authors give heat, impure air, bad ventilation, and improper food as the predisposing and exciting causes of both diseases. Meigs says, "That it is not the heat of the season alone" that produces cholera infantum, "is proved by the fact that the disease is less frequent and fatal in some of the southern cities" than the northern ones. This only appears to sustain the evidence that heat of the season is the predisposing cause of the disease in that zone where it prevails; for the air, ventilation, and food of the South are as deleterious as in the North. But there is no great variation in the temperature in the South, neither is it ever low, and the texture of the human system is

\* Read before the Clinton County Medical Association at Wilmington, Ohio, August 4, 1881.

continually in a more or less relaxed condition, which destroys to a great extent the susceptibility to that morbid irritability produced by heat; while in the North the annual variations in the temperature are extremely great, and the texture of the system is in a contracted condition from six to eight months in the year, which greatly increases the susceptibility to that morbid excitability which is produced by relaxation of the texture from a high temperature, and is an essential element in promoting the disease. Again: he says that the death-rate of cholera infantum for nine years was not in proportion to the mean temperature of the three summer months. This does not prove that heat is not the predisposing cause of the disease, for there might have been "two or even three weeks of low temperature, giving the month a low mean, and yet enough of days of high temperature to give the month a high mortality in cholera infantum." The evidences undoubtedly favor the conclusion that the real predisposing and exciting cause of both diseases is atmospheric heat, from the "fact that their prevalence is always in proportion to the heat of summer, increasing and becoming more fatal" with the elevation of the temperature, and declining with its fall. A few hot days in succession in May are sufficient to produce them, while a short period of cool weather will diminish or entirely suppress them. Again: they often prevail in rural districts in their worst form, where the only obvious cause appears to be heat. No doubt but the various impurities that exist in the air and unwholesome food increase the predisposition to the diseases; and the same is true of all other diseases.

But Prof. Miller, of Cleveland, says that "sewer-emanations do not seem to have any thing directly to do with the production of" cholera infantum, "except so far as they tend to impair the general health, and thus diminish the power of the system to resist any disease-producing influence; and sewer-poisons are no less abundant and deadly at other times than they are when cholera infantum cases are most numerous, and in the hottest weather decomposition is *favoured* by the very rains which put a check on the ravages of cholera infantum."



Many of the authors class dentition as a powerful predisposing cause of cholera infantum, and at the same time endeavor to lead us to believe that it is a "disease of the cities especially." Meigs says, "The disease is only too common among all classes of the inhabitants of our large cities in the hot summer months, while in the country at the distance of but a few miles from a city in which it prevails extensively it is comparatively rare." If cholera infantum is a disease confined almost exclusively to cities, it would prove that neither heat nor dentition were predisposing causes. But such has not been proved to be a fact; for cholera infantum appears to be as prevalent and fatal in the country, in proportion to the heat and population, as in cities. Again: dentition is a physiological process going on at all seasons of the year, while cholera infantum prevails only in the hottest part of summer, and "the gum is a structure neither endowed with a high degree of sensibility nor supplied with nerves of extensive sympathetic relations;" and "the constant disposition of the child to put every thing in its mouth, and bite freely with its gums, proves them to be neither tender nor sensitive; and without these there can be no irritation." There never was a more fatal doctrine taught than "that diarrhea, a pathological condition, is a normal attendant on and a relief of a physiological process such as dentition." Thousands of lives have been sacrificed annually from neglecting infantile diarrhea, from a belief in this once popular but false doctrine. There are few physicians but have been called upon to administer to the relief of infants where a mild diarrhea has been permitted to continue until the little patient has been reduced to a hopeless state of exhaustion (from this belief) before medical aid was obtained. And yet there are physicians today who advise leaving a mild case of infantile diarrhea alone, for it "is a normal attendant on and a relief" to dentition, and that dangerous results might follow if checked before the process was completed; and they suggest an occasional dose of castor oil (*similia similibus curantur*) or briar-root tea, which are only calculated to hasten the little patient faster to the grave.

The character of the symptoms and anatomical lesions given by all the authors show but a slight difference between cholera morbus and cholera infantum; and this difference is readily accounted for if we take into consideration "that the life of an infant is not a normal state, but a progress toward it;" that the mucous membrane is extremely delicate; that the glandular structure is imperfectly developed; that "the blood-vessels are very permeable;" that "the transformation of the surface-cells is very rapid;" and that the peripheric nerves are more superficial and the ends larger in proportion than in adults, causing diseases to act more readily, the symptoms to progress more rapidly, and the termination to end more speedily, while the lesions met with in pneumonia and pleurisy are not entirely those marking these diseases in adults.

There are two classes of diseases considered under the head of cholera infantum, where the evidence is conclusive that they are different diseases, from the fact that the first class is non-inflammatory, and originates from a continued high atmospheric temperature, which expands all the human texture, relaxes the whole capillary system, enlarges the liver and renders it torpid from over-exertion, and producing a morbid irritability of the nervous system, causing a rapid influx of the blood into the mucous membrane of the alimentary canal, while the relaxed texture allows a rapid escape of fluids from the blood into the intestines, producing copious watery evacuations, depleting the system, causing prostration and collapse. The second class is inflammatory, and originates from sudden atmospheric changes such as hot days and cool nights. If a high temperature has reduced the power and tone of the muscles, heart, and arteries, expanded and relaxed the whole human texture, over-stimulated the secretive organs, and excited a morbid irritability of the system, and the temperature should suddenly fall, it would produce a sudden contraction of the whole capillary system, but more especially the cutaneous surface, expelling the blood from the vast network of superficial vessels to the internal organs, greatly congesting them, which would impair the mucous membrane of

the alimentary canal to a greater or less extent, preventing the capillaries from resuming their function, and producing inflammation, which would cause repeated attempts at evacuating the bowels, with a tendency to convulsions. This is sustained by the evidence that the non-inflammatory type of the disease predominates when there is a continued elevation of the temperature, while the inflammatory type predominates where there are sudden changes of the temperature, as we have in the latter part of summer and early fall.

The first class should be called infantile cholera morbus, and embrace cases of simple diarrhea where the intestinal evacuations are composed of serous fluids and undigested food, which may be alternately better and worse until they are reduced to a hopeless state of exhaustion, and those cases of "copious watery evacuations from the bowels, often attended by nausea and free watery vomiting," with symptoms of approaching collapse, and seldom "lasts but a few hours, hardly a few days, when it ends in recovery, death, or inflammatory disease of some portion of the intestinal tract." The second class should be called entero-colitis or dysentery, and embraces all those cases that are attacked with fever, vomiting, and frequent intestinal evacuations; and if composed of feces, serous fluids, and mucus, the symptoms indicate entero-colitis; but if the "evacuations are almost wholly mucus, more or less streaked with blood, and accompanied by tenesmus and straining," the indications are dysentery. But most of the writers "include all the intestinal troubles of hot months that occur in children less than two years of age under the head of cholera infantum or summer complaint," which produces confusion and complexity in the treatment that should be simplified as much as possible. If they were more definitely arranged according to the symptoms and lesions, and each treated under its proper head, there would be less discrepancy in the results of treatment, and I believe the mortality would be greatly reduced.

The most unfavorable symptoms in the first class are collapses, copious evacuations with rapid prostration, and where

the evacuations are checked the urine becomes scanty or suppressed, the pulse slow, pupils dilated, and the patient comatose. In the second class the most unfavorable symptoms are persistent nausea and vomiting, continued high fever, with frequent and painful evacuations, and rapid prostration and emaciation. In the chronic form the prognosis is very uncertain, for some of the worst cases recover, while other cases that appear much milder die in defiance of all treatment. It appears that recovery depends in a great measure on the stamina of the patient and the sanitary regulations instituted.

In the treatment of these diseases there is no crisis to depend on, no whims or imagination to antagonize the treatment; neither is there mind to "influence the bodily functions" and aid that "mysterious mental force" with faith, hope, and expectation in modifying the disease; but success often depends almost entirely on the management of the attending physician; for there are no diseases where proper management and judicious treatment do more to save life than in infantile diarrhea. Then if they are treated by those scientific pathologists and physiologists who rely on mint-water, and look upon the business of prescribing drugs as unscientific and beneath "the attention of the higher order of medical thinkers," the results will often prove disastrous; while success will generally follow the treatment of those "sound practitioners full of the humble but necessary knowledge" of practical therapeutics who "make an accurate therapeutical diagnosis" and have confidence enough not to change treatment every six hours for some new fandangle recommended without proof to sustain its merits.

Now if in the first class, or infantile cholera morbus, the attack commences with low temperature, prostration, and copious watery evacuations, and is caused by a morbid irritability of the mucous membrane of the alimentary canal, originating from expansion and relaxation of the texture by heat, then the indications for a judicious treatment would be first to establish rigid sanitary rules. The therapeutical indications would be to neutralize acidity, to allay morbid irritability, to increase the



contractility of the capillaries, and check the abnormal secretion from the surface of the alimentary canal, to prevent fermentation, to restore the natural secretions in the most important organs of depuration, and change the condition of the digestive organs to a normal state. Carbonate of lime is the only alkali that will neutralize acidity without increasing peristaltic action of the bowels.\* Chlor. anodyne is superior in allaying the nervous irritability, and bismuth in checking the abnormal secretion from the intestinal surface without causing retention of morbid matter, while glycerin and calomel excel in destroying fermentation and arousing the glandular system without irritating the mucous membrane of the bowels. Sulphuric acid acts very favorably in some cases. Carbolic acid does good service where there is much nausea and vomiting, but requires great caution in its administration. The vaunted magical results claimed for ipecacuanha in this disease are doubtless a nihility, for when used alone it has always failed with me, whether given in homeopathic or any other pathic doses. Pepsin curdles the milk and increases acidity. Nitrate of silver appears to act as a cautery in the weakest solution. Astringents, except bismuth, given before the nausea is checked and the intestinal evacuations become natural, aggravate the vomiting or check the evacuations more than the abnormal secretion from the surface of the intestines, thereby causing retention of irritating matter. I never have derived any benefit from stimulants and tonics in the first stage of the disease, but the remedies that have given me the most satisfaction and proved the most successful in meeting all the indications and changing the morbid condition of the digestive organs to a normal state have been carbonate of lime, chlor. anodyne, bismuth, glycerin, and calomel. Enemas do not appear to be indicated, for there is no inflammation of the colon or rectum, and in their relaxed condition but little absorption can take place; while the enema increases peristaltic action, which is very essential to avoid as much as possible.

In the first three cases of collapse of cholera infantum I tried

\* Prepared by Parke, Davis & Co., Detroit, Mich.

the stimulating treatment, consisting of whisky, ammonia, camphor, capsicum, and even tincture of cantharides; but it only appeared to aggravate the symptoms, increase the prostration, and hasten the fatal termination, which caused me to doubt the propriety of the stimulating treatment. On studying the pathology more thoroughly, the conclusions arrived at were that collapse originated from a waste of the fluid part of the blood, caused by irritability of the mucous membrane of the alimentary canal from expansion and relaxation of the texture, and that the most rational treatment would be to overcome this abnormal condition if possible. I decided in the next case to try ice, for the purpose of increasing the contractility of the capillaries of the stomach at least, and chloroform or hydrate chloral to allay the nervous irritability. Soon afterward I was called to see the fourth case, aged sixteen months. Its face was pale and contracted, pulse scarcely perceptible, extremities cold, thirst intensely great, and every thing given in the form of drink or food was either rejected by the stomach or passed by the bowels in from five to twenty minutes. Gave small lumps of ice often. Applied heat to the extremities and gave calomel gr. j, creta prep. gr. iij, hydrate chloral gr. j every hour or two. In twelve hours the evacuations had checked and reaction was fully established. Discontinued all medicine and gave food often in small quantities. It convalesced very rapidly.

Case fifth, aged four months, the condition was about the same as in the fourth case. Applied a cloth wrung out of cold water to the stomach, heat to the extremities. Gave a teaspoonful of ice-water often and the following mixture recommended by Prof. Davis, of Chicago: Carbolic acid, gr. iij; glycerin,  $\bar{3}$  ss; camph. tinct. opii,  $\bar{3}$  j; aqua,  $\bar{3}$  iss; ten drops every half hour until the vomiting was checked; and as soon as the stomach would retain it gave calomel gr. ss, creta prep. gr. iij, hydrate of chloral gr. j, every hour or two. The vomiting ceased and reaction was established in about six hours, but the diarrhea continued until it became chronic. The little patient finally recovered.

I believe that the following treatment would prove very successful in similar cases: If seen soon after the onset of the attack apply a cloth wrung out of cold water to the stomach and heat to the extremities. Give small lumps of ice often and chlor. anodyne composed of morphia, Indian hemp, oil of peppermint, and capsicum; for it surpasses all the remedies that I ever tried in allaying the morbid irritability and checking the nausea and vomiting. As soon as the stomach will retain it, give calomel and carbonate of lime to arouse the secretions and neutralize the acidity.

In those cases where there are nausea and vomiting, with intense thirst and copious intestinal evacuations of serous fluids mixed with curdled milk or undigested food, keep the apartment cool, quiet, and well ventilated. Give small lumps of ice often, and deprive them of all food except corn coffee cooled with ice, as it contains considerable nutriment and has a decided effect in checking the vomiting and purging. If they should require more nourishing food, add the white of an egg or milk, or give barley-water and milk, and give the following medicine: Subnitrate bismuth  $\bar{3} j$  or  $\bar{3} jss$ , creta prep.  $\bar{3} j$ , glycerin  $\bar{3} ij$ , chlor. anodyne  $\bar{3} ss$ , aqua enough to make  $\bar{3} ij$ , teaspoonful every two or three hours. If the stomach and bowels are warm, apply a cloth wrung out of cold water; if cool, a mustard-plaster or warm poultice. If nausea and vomiting still persist, or if there appear to be a partial suspension of important secretions, such as urine and bile, or if the intestinal evacuations are offensive, add one grain of calomel to three or four doses of the bismuth mixture. It will seldom fail in arousing the secretions and changing the character of the discharges. If the stomach rejects every thing given, follow Dr. Jacobi's plan: "Deprive them absolutely of every thing in the form of either drink or food or medicine" from six to twenty-four hours, if not relieved sooner; for it is the only salvation in some cases.

In those cases where the vomiting and diarrhea cease, the urine becomes scanty or suppressed, with dilated pupils, slow pulse, and coma, give a cathartic of calomel and follow it with

iodide of potassium and diuretics. Some twelve years ago I was called to see a patient aged twenty months who had been under treatment for cholera infantum for two weeks, and the attending physician had given it up to die. It was comatose, pupils dilated, pulse slow, urine suppressed, vomiting and diarrhea checked, and greatly emaciated. I had but little hope of the patient and less in treatment, but gave calomel gr. v and followed it with iodide of potassium gr. j every four hours, with diuretics, and had the satisfaction of seeing it recover. I have treated two milder cases since in the same manner, with like results.

In the mild form, keep the apartment cool, quiet, and well ventilated; regulate the diet; and give the bismuth mixture.

In the second class, or entero-colitis and dysentery, the symptoms and pathology differ greatly from the first class. Here the attack commences with elevated temperature, nervous exaltation, with frequent and painful intestinal evacuations composed of serous fluids, undigested food, and mucus or "almost wholly mucus more or less streaked with blood." True, there is the same morbid irritability, the same unnatural influx of blood to the mucous membrane of the alimentary canal, but it originates from irritation, inflammation, and repeated attempts at evacuation. Then the indications would be to remove all morbid products from the intestinal tract, to allay pain, to reduce irritation and inflammation of the mucous membrane, to check peristaltic action and subdue the fever. Calomel is the most favorable remedy to cleanse the alimentary canal, on account of its easy administration, its thorough effects, its sedative influence on the mucous membrane, and if there is vomiting the only remedy that is likely to be retained and of any benefit. Opium allays pain and inflammation and checks peristaltic action, while gelseminum and cold baths subdue the fever. Dr. Jacobi recommends from a dram to a dram and a half of subnitrate or carbonate of bismuth daily. He says, "Not only does it cover and protect the mucous membrane, but it also has a decided anti-fermentative effect. Thus it is surely indicated in irritated



conditions of the mucous membrane. It seldom fails when given in sufficient doses. There is no harm in sometimes giving it in such doses that part of the introduced material will pass through the entire length of the intestinal tract without undergoing decomposition." I tried the subnitrate of bismuth in two grave cases of entero-colitis with successful results. One was given a dram and the other a dram and a half daily. If there is much blood in the intestinal evacuations, fluid extract of ergot or witch-hazel acts very beneficially. If astringents are indicated to check the diarrhea that follows either entero-colitis or dysentery, fluid extract of coto bark acts more favorably than any astringent that I have used. Turpentine and balsam copaiba in combination with opium do well in some cases.

But among all the agents for the relief of these diseases none is comparable to opium; for it allays the pain, "quiets irritation, calms the pulse, softens the skin, promotes balmy sleep," prevents exhaustion, and is of great utility and value in the cure of all inflammatory diseases of the bowels. The dangers of opium have been greatly exaggerated, and there is undoubtedly too much timidity manifested in the administration of opium to infants, for its effects are easily watched and controlled by commencing with small doses and being guided by the effects obtained. Cathartics are seldom indicated except in the commencement of the disease; for an infant's intestines are smaller, the contents more liquid, and the peristaltic action more active than in adults; therefore cathartics are not indicated, but generally aggravate after the bowels have once been thoroughly evacuated. But should indications arise that require a repetition of a cathartic, it should be of the mildest and least relaxing character, and should not be repeated often, for they will leave the alimentary canal in such a relaxed and debilitated condition when the inflammation subsides that chronic diarrhea will follow. The best remedies to meet the indication are rhubarb and leptandrin, for they give tone to the digestive organs, while salines and castor oil leave them in a weak and loose condition.

Enemas theoretically are strongly indicated and are highly recommended. They have seldom given me satisfactory results, for there is generally irritation of the anus and rectum, and their use produces pain and increases peristaltic action; and the same is true of suppositories.

The first important point in the treatment is to give a full cathartic dose of calomel, or calomel gr. j, creta prep. gr. iij every three hours, with tincture of opium and gelseminum, until the bowels are thoroughly evacuated. If the temperature runs high, give a tepid or cold bath or use the cold pack. After the bowels have been freely evacuated give an alkali and keep the patient partially under the influence of opium, and continue the gelseminum and cold pack until the symptoms are relieved.

In the chronic form, have the sleeping apartment well ventilated. Give the patient a warm bath daily, and have it carried or hauled into the open air when the weather will permit. If of the nature of chronic diarrhea, give belladonna to stimulate the circulation and check the abnormal secretion from the surface of the alimentary canal, strychnia to increase the tone of the digestive organs and system in general, and carbonate or phosphate of lime to neutralize acidity. If of a dysenteric character, give strychnine, turpentine, and opium. In both forms the following will generally make a decided change for the better: Calomel gr. j, creta prep. gr. iij, every four hours until three or four doses have been given. In some cases the benefit is permanent; in others it only lasts a few days.

A few years since I had a chronic case of infantile diarrhea which grew worse and more emaciated in defiance of all treatment until I gave it the calomel and carbonate of lime. In twelve hours it was playful. The intestinal evacuations were smaller, less frequent, and more natural, and it continued to improve for four or five days and then grew worse. In ten days I repeated the same remedies with the same result. As it was claimed that the continued use of calomel produced serious and debilitating effects on the system, I feared to continue its use

where there was so much debility and emaciation. There are cases of the disease that gradually emaciate and grow worse in spite of all medicines and sanitary regulations, but will improve when fed on mellow sweet apples or any food that they continually crave.

Doubtless my liberal use of calomel in the treatment of infantile diarrhea will be severely criticized, for fashion rules current medical opinions and modes of practice, and all who do not sustain the current ideas and sentiments of the times are considered antediluvians in medicine. The popular opinion of the medical profession denounces mercury as a dangerous and worthless remedy except in syphilis, and a few years since it was considered as such even in syphilis. But after years of vain and fruitless trials of all the vaunted anti-syphilitic remedies they were compelled to return to the Samson of materia medica, as the eclectics slurringly stigmatized mercury. Now it is considered a specific for syphilis by nearly the whole profession and many of the eclectics. Some years ago the use of mercury was carried to the extreme, as many remedies are today, and its abuse was so perceptible that the prejudices of the people were aroused against it. Many of the profession, fearing the consequences, began to reject it; and after the great Edinburgh committee had spent two years in experimenting with it on healthy dogs and proclaimed to an astonished profession that mercury would not increase the biliary secretions, the medical leaders began to denounce it as not only a worthless but a dangerous remedy, and many of the profession followed pellmell in their wake, and prejudice has carried many beyond the limits of sound judgment, and they claim that there are no indications for its use except in syphilis. Yet no unprejudiced physician who has used calomel can deny that it has a special influence as a cathartic, and if there is vomiting the only one that is likely to be retained and prove beneficial if the vomiting is associated with constipation. And if there is any value to be placed in the experience of unprejudiced and observing practitioners, calomel has a controlling influence in many of the inflammatory diseases. All know that

medicines do not have the same effect in health as in disease. For instance, quinine has no apparent effect on a healthy spleen, yet it will reduce an enlarged one. And the same is true of ergot. Salicylate of soda has no effect on the temperature in health, but will reduce it in fever. It is claimed that mercury will reduce the number of red globules in the blood in health, but when they are diminished by syphilis they will increase and become normal under the use of mercury. Then may it not reduce the biliary secretion in health and increase it when diminished by disease? Annesly, in experimenting on dogs, found that mercury reduced the vascularity of the mucous membrane of the stomach and bowels, while all admit that it will prevent fermentation. The evidence, both physiological and experimental, favors the conclusion that mercury reduces the vascularity of the mucous membrane, prevents fermentation, and acts on the whole lymphatic and glandular system, arousing the secretions, when deficient, to a healthy action.

But to decide whether calomel is beneficial in the treatment of infantile diarrhea, the evidence is to be obtained principally by bedside observation, and not by experimenting on healthy dogs. If "calomel is not a cholagogue, but diminishes the secretions of bile, it would not affect the question in the slightest degree;" for the main point to be decided is, Does it do good? The experience and observation of some of the most eminent practitioners of the age agree that it changes the character of the discharges, checks the vomiting, and modifies the condition of the digestive organs. If there is any thing in therapeutics of which I feel confirmed in from careful observation, it is the value of calomel to check vomiting and correct the secretions in infantile diarrhea. Then "because calomel has been indiscreetly used, because it has been prescribed as a matter of routine and continued day after day" until it has produced serious results, does it follow that it should be rejected as a worthless and a dangerous remedy? If so, we ought to reject all our most valuable remedies, for if abused nature or the grave could speak we should behold a long catalogue of remedies that have been



more detrimental to life and health than mercury. What a great blessing it would be to suffering humanity if the injudicious and routine use of all remedies were as perceptible as mercury.

NEW VIENNA, O.

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## RENAL PATHOLOGY.

BY J. C. REEVE, M.D.

It is probably safe to state that no portion of pathology is in so unsatisfactory a condition as that of the kidneys in relation to the various clinical forms of disease known as Bright's disease. Authorities are not in accord as to the tissue which first takes on abnormal action, the nature of the first departure from health, whether inflammatory or degenerative, and especially as to the great question whether the modifications of this disease which are pretty readily recognized during life are the result of different stages of a single disease or are the result of several distinct and independent diseases. Nor does this confusion exist for want of study and research, for a vast amount of patient research, clinical, chemical, and pathological, has been devoted to this intricate subject. Abundant evidence of the above statements can be found in the pages of any of the more recent writers. Thus Bartels\* says, "I need not call attention to the vast gaps which exist at the present time in our knowledge of this special subject. They are clearly revealed by the contradictions which are found in the statements made by different authors in regard to purely histological lesions in the diseased kidneys. The expression made use of by one of our most deserved pathological anatomists (Rindfleisch) is true even at the present day: 'The pathological anatomy of the inflammation of the kidneys is in truth the most extensively studied, but at the same time the least finished chapter in one department.'"

\* Ziemssen's *Cyclopedia*, vol. 15, p. 371.

Later still, Dr. Southey in the Lumleian Lectures delivered before the College of Physicians during the current year\* says, "After all the work that has been expended in the closer investigation of the minute anatomy of the different diseases of the kidneys, and all the clinical observations which have been published in the last fifty-four years upon the same subject, the questions whether there be one or more varieties of diffuse renal disease, and what is the real first cause of the renal degenerations to which he [Bright] called special attention, remain much where he left them."

Under these circumstances we are very sure that we shall do the readers of the PRACTITIONER good service by presenting the views of a very eminent French authority upon a subject of so great practical interest and importance. We therefore translate from the thirteenth volume of the *Nouveau Dictionnaire de Médecine et de Chirurgie*, which has just appeared, the concluding portion of the article "Reins," written by M. Labadie-Lagrave. It is entitled "General Considerations upon the Diffuse Nephritis and Bright's Disease."

In the course of this article upon the different forms of diffuse nephritis, extending to the whole organ, we have stated succinctly the reasons which have caused the rejection of the theory of unity. In the great majority of cases, authorities say, acute nephritis kills the patient or terminates in recovery. The chronic nephritis take on from the beginning [*d'emblee*] the chronic character, and the well-defined assemblage of symptoms attributed to chronic *interstitial* atrophic nephritis (third stage of Bright's disease) never follows the complex of symptoms known as chronic *parenchymatous* nephritis. Finally, it is said, these correspond to each of the clinical forms of Bright's disease—renal lesions absolutely dissimilar, as well macroscopically as well as in the nature of the elements, epithelium or stroma, which are affected.

Bright's disease has therefore been divided into three distinct, dissimilar forms, both clinically and anatomo-pathologically.

a. *Acute nephritis*, parenchymatous for some, interstitial for others; characterized clinically by rapid evolution, scantiness of urine, abundance of albumen, frequency of hematuria and uremic accidents,

\* British Medical Journal, April 9, *et seq.*, 1881.

great amount of edema, and numerous effusions into the serous cavities, running a speedy course. Termination death or complete recovery.

*b. Chronic parenchymatous nephritis*, having for clinical characteristics scantiness of urine, its richness in albumen and casts, abundance of edema, rarity of hematuria and other hemorrhages, absence of cardiac hypertrophy, extreme rarity of uremic convulsions, and albuminuric retinitis. Duration tolerably brief, eighteen months at the most; termination fatal. The autopsy shows the large white kidney, sometimes the small fatty kidney, non-granular—fatty degeneration of the epithelium, of inflammatory origin according to some, retrogressive according to others.

*c. Chronic interstitial nephritis*, characterized by its insidious beginning, its long duration (ten years and over); by large quantity of urine, scantiness of albumen and cylinders, and edema; frequency of cardiac hypertrophy, which is never lacking in the advanced stages; frequency of retinitis, of convulsions, and of uremic coma. At the autopsy is found the small red granular kidney.

*d. Amyloid degeneration*, which has not well-defined clinical characteristics. It may occur independently or coexist with the chronic parenchymatous nephritis.

According to this scheme, diagnosis of the different forms of nephritis becomes a matter of marvelous simplicity. Unfortunately it does not correspond in all points with the facts.

Thus it has been established that the lesions found at the autopsy are not always such as the clinical history of the patient indicated. The large white kidney and its changes have been found after all kinds of a symptomatology; conversely, in subjects who have presented all the symptoms of parenchymatous nephritis the post-mortem examination may show something quite different from the large white or even from the small fatty kidney.

There is reason for asking also if there exists between the small fatty kidney found in many cases of chronic parenchymatous nephritis and the small granular red kidney that absolute opposition which the adversaries of the unitary theory maintain, in order to deny that chronic interstitial nephritis can be consecutive to the nephritis termed parenchymatous. Weigert maintains the contrary, and with many appearances of right.

Besides, the transformation of the two forms of chronic nephritis one into the other, however rare, can no longer be contested, since unexceptional cases have been published, such as those of Bartels.

In order to emphasize the antagonism which is admitted between

the symptoms of the two forms of chronic nephritis, the pathognomonic value of certain differential characters has been forced. Thus it has been said, and justly, that chronic interstitial nephritis, when somewhat advanced, is almost always complicated with cardiac hypertrophy, but that this complication is constantly lacking in chronic parenchymatous nephritis, which is absolutely false. The truth is that *hypertrophy of the left ventricle may complicate all forms of nephritis, and there are the more chances of meeting with it the longer the nephritis has lasted.* This appears clearly from Bamberger's statistics given in the chapter on complications of the nephrites.

Weigert, of Breslau, has more lately published facts which tend to break down this wall of separation built up by clinicists and pathological anatomists between the three forms of nephritis, and these facts deserve detailed mention.

First of all, Weigert has observed a form of nephritis, chronic in course, covering not less than eighteen months, which is accompanied during life by edema, constantly by hypertrophy of the left ventricle, often colossal, with or without dilatation, by retinal lesions and by hemorrhages. The urine, normal in quantity, is rich in albumen, casts, and red and white globules. The fatal termination is precipitated by uremic accidents. At the autopsy the kidney is found of normal dimensions or somewhat increased in size, red in color or variegated, like the kidney of acute nephritis, but of much greater consistence. As to histological lesions, besides the inflammatory alterations of the epithelium of the glomerules and of the convoluted canals there is thickening of the capsules of Bowman, of the internal coat of the small arteries, and, in patches, hyperplasia of the interstitial tissue, with choking of the neighboring tubes and glomerules.

Here then are facts which it will be difficult to harmonize with the classic division.

As much can be said of another form of nephritis observed by Weigert which reproduces the clinical aspects of the preceding—edema, cardiac hypertrophy, lesions of the retina; urine rich in albumen, cylinders, and globular elements; multiple hemorrhages; terminal uremic accidents; and yet these are the anatomo-pathological characteristics: large white kidney; upon section the cortical portion is of a yellowish white, which contrasts with the bluish red tint of the cones of the medullary substance. Microscopical examination of such kidneys shows not only an abundant infiltration of rounded nuclei [*noyaux arrondis*] in the strona, but veritable cicatricial retractions of the interstitial conjunctive tissue, which have determined, in places,



atrophy of the renal tissue. A certain number of glomerules were shriveled up, in virtue of a similar atrophy, by retraction of the sclerosed conjunctive tissue.

How can these facts be made to harmonize with the current theories as to the diversity of the forms of nephritis? Must we admit the existence of *mixed forms*, resulting from a combination of the lesions which have been considered peculiar to parenchymatous nephritis and those of interstitial nephritis? This eclecticism, which should apparently conciliate all, is by no means seductive to us. As we have repeated several times in the course of our description, the most recent researches into the pathological anatomy and the pathogeny of the nephrites appear to us destined to reëstablish in the near future the doctrine of the unity of these forms of disease, more or less amended. We will repeat, in the brief manner imposed by the limits of this article, the reasons for this opinion.

The most recent researches in regard to experimental nephrites—the only ones in which we can follow the minute lesions from day to day—have taught us that every nephritis is epithelial in the beginning. It is so with cantharidal nephritis studied by Cornil in France, by Browicz in Germany, with the saturnine nephritis described by Charcot and Gombault, with the nephritis consecutive to ligature of the ureter. (Aufrecht.)

The same researches and numerous details gathered from human pathology teach us that every parenchymatous nephritis, however short its duration, is accompanied by interstitial alterations of inflammatory nature. (Cornil, Brault, Bartels, Wagner, Weigert.) The experiments of Charcot and Gombault with experimental saturnine nephritis tell the same story.

The researches of Gravitz and D'Israel demonstrate to us that in an animal the pinching of one of the renal arteries for about one or two hours develops an acute nephritis, and that this will terminate in atrophy of the kidney when the experiment is made on a young and vigorous animal. At the same time there takes place a compensatory hypertrophy of the kidney uninterfered with, or a hypertrophy of the left side of the heart when the renal increase of size fails. But in animals advanced in age, poorly nourished, in bad condition, there is an entirely different state of affairs. The hypertrophy of the other kidney and of the left heart alike fail to occur. The kidney, which is the seat of the experimental inflammation, has not time to atrophy. The animals succumb to uremic accidents or perish from effusions into the serous cavities.

These facts deserve to be compared with what takes place in the human subject. We have said that chronic albuminous nephritis leads rapidly to a pronounced cachexia, attributable to the abundant losses of albumen and to the state of denutrition of tissues infiltrated with serum. Now this clinical form of nephritis is always met with in subjects in whom nutrition is profoundly affected, in the scrofulas, the rachitic, the consumptive, those saturated with malaria, in women exhausted by repeated confinements, in dwellers in damp habitations, etc. Again: Weigert affirms that the large white kidney without pronounced interstitial alterations is always affected with amyloid degeneration, as may be demonstrated by micro-chemical examination. It may then be justly asked if the abundance of the edema and of the albuminuria, the absence of cardiac hypertrophy, and the scantiness of urine which is the consequence, the relatively rapid evolution of the chronic nephritis called parenchymatous, does not depend upon the fact that the inflammation is developed in a cachectic subject, in whom the nephritis, interrupted in its typical evolution by amyloid degeneration, has germinated in an uncongenial soil, and can not arrive at the atrophic stage by the favor of a compensatory hypertrophy of the left heart? In the following manner we may conceive the different stages of nephritis restored to its primary and original unity:

Under the influence of some cause of irritation the kidney is affected with inflammation—a parenchymatous inflammation—which affects the secretory elements, the epithelium of the glomerules and of the convoluted tubes. This initial phlegmasia is accompanied, like all inflammations, by a transudation of plasma and a diapedesis of the blood-globules into the zone affected.

This acute parenchymatous nephritis, when it does not terminate by the death of the subject, is susceptible of complete reparation. If, on the contrary, the causes which gave rise to it continue, if their action falls upon the kidneys at intervals more or less remote, the nephritis becomes chronic. As parenchymatous as it may have been at the beginning, the conjunctive tissue is invaded little by little—the capsules of Bowman first, the sheath of the vessels and the intertubular spaces afterward. Parallel with the choking of the glomerules and tubules by the conjunctive neoplasm there is developed a hypertrophy of the left ventricle which maintains the urinary secretion at its physiological level or even above it. Thus the renal lesion, despite its progressive evolution, remains latent until the period when the kidneys are in a condition of advanced atrophy.

If the nephritis becomes chronic in a subject debilitated by pre-

ceding diseases (scrofula, syphilis, etc.), by osseous or other suppurations, by insufficient food, the extension of the inflammatory action to the conjunctive stroma and the cardiac hypertrophy fail to occur. The renal lesions localize themselves in the epithelium. As inflammatory as they may have been in the beginning, they now take on a dystrophic character (amyloid and fatty degenerations). Hence the appearance of the kidney, which is of a dirty white color, because the epithelium of the exsanguinated cortical zone is degenerated, the kidney is tumefied because invaded by anasarca, in consequence of retention of the watery portion of the blood, of the insufficiency of the cardiac muscle, and the state of denutrition of the walls of the vessels, which explains also the abundance of the albuminuria.

Such, in our opinion, is the new mode in which it seems right to view the disease which half a century ago received its being and baptism from Bright.

Certainly the restoration of the doctrine of unity can not efface the results acquired by fifty years' labors and researches. Far from chaining progress, it confirms it by consecrating the discovery of the man of genius who in 1827 established the existence of the clinical whole of which we have just described the modifications.

The article concludes with an extract from Bright's article in Guy's Hospital Reports for 1836, which gives a running sketch of the rise and course of a case of renal disease.

DAYTON, O.

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## FOREIGN CORRESPONDENCE.

*My Dear Parvin:* THE ROYAL HOTEL, EDINBURGH, June 29th.

You will see from above that we are on the march again. Tuesday we came up from Westgate. S. and I greatly improved by our stay in that quiet, breezy, fresh place. This morning we started for this most beautiful city, which we reached at 9.15, the sun having set but fifteen minutes before. The day was one of uninterrupted brightness, the ride one of unalloyed pleasure. We came by the Midland Railway, starting from the St. Pancras

Station, the finest railway-station, I suppose, in the world. It occupies a site of nearly ten acres. The span of the great shed is two hundred and forty-three feet from wall to wall. It is seven hundred feet long and one hundred feet high. Sixty millions of brick, eighty thousand cubic feet of dressed stone, nine thousand tons of iron, and thousands upon thousands of feet of glass and timber enter into the construction of this wonderful station. M. came to see us off. Almost every mile of this line of the Midland road runs near some object of interest. Should you like to hear about a few of them?

Well, the train has but fairly got under way when it dashes through Finchley Common, where in early times great meetings assembled to claim religious liberty, and were addressed by John Bunyan and other reformers. Two hundred and odd years ago General Monk used the Common as a camping-ground for the troops pending the restoration of Charles the Second. Before you have had time to furbish up your history on these points you come to Hendon, from whence you can see Harrow-on-the-Hill, where Byron went to school. Under an elm tree in the church-yard we are told the unhappy man wrote the lines,

"How do thy branches, moaning to the blast,  
Invite the bosom to recall the past," etc.

Now a tunnel one thousand yards long, a church and vicarage standing upon an old Roman road laid out nearly two thousand years ago. Presently we come to St. Albans—once Verulam, near the *River Ver*. Much blood was spilled about here in Julius Cæsar's time. Albanus, a convert to Christianity, was beheaded here, having the distinguished honor of heading the list of English martyrs, of being canonized and having his name given to the new city. One could almost be willing to give up his head for such honors. Near this very pretty little place our friends of the Roses, White and Red, had their second little scrimmage. The genuine curfew bell that "toll'd the knell of parting day," and gave notice to the inhabitants to "put out lights," is to be seen and heard in the clock-tower. Ten miles



further on, and near the line, you catch a glimpse of the house in which John Bunyan once hid from his pursuers who came suddenly on him and a lot of those terrible fellows, the Dissenters, as they were holding one of their "unlawful conventicles" on "Dallow Farm." A few stations beyond the train halts a moment at Bedford, prettily placed on the bank of the river Ouse, near an ancient ford—Bedford signifying town-on-the-ford. Those hardy people, the Danes, who now make such good farmers in our Northwest, came over from their little country and burnt the town some nine or ten hundred years ago. Here Bunyan, after quitting his badness, preached in the Baptist meeting-house for seventeen years. That he did so, settles the question which I have often heard raised as to his belonging to the water-forces—the navy, as it were. Here he was subsequently imprisoned, and in the cells of the gaol wrote *Pilgrim's Progress*.

Fifty miles beyond we rush into Leicester, situated on the eastern bank of the river Soar, and said, I have no doubt you will remember, to have been founded by King Lear nearly a thousand years before Christ. Richard III slept at the Blue Boar Inn while massing his men for the battle of Bosworth, and his body was brought here after that little affair and put in a stone coffin, which was subsequently used as a horse-trough. "To what base uses," etc. During the reign of Henry V a Parliament held here legalized the pleasant sport of burning heretics. Three hundred and fifty years back, within the walls of the abbey founded by one of the earls of Leicester, "was witnessed a scene humiliating to ambition, instructive to weakness and faith. Wolsey, after a life of pride and power, came hither as the victim of a vile king, "a wreck upon the shore of royal treachery." "Here the pride of the cardinal retreated from the insults of the world. He told the listening monks that he had come to lay his bones among them," and the next day he did so, declaring to the abbots and canons who had gathered about his couch, "If I had served my God as diligently as I have served the king, He would not have deserted me in mine old age."

Five miles beyond is Syston Station. "Here," we learn from

the town register, "was paid in 1599 to Peter Pollard, for helping to drive away the town bull that was sold, one penny." A Texan would n't have done it for that, would he? A year later "Thos. Pollard was paid twelve pence for removing the bull-hooks"—whatever those were. And two years after this the town "paid to Lord Morden's players because they should not play in the church, the sum of twelve pence," which my friend Mahlstick would say was rough on the players. Seven years later "five hundred people died of the plague."

Ten miles beyond we fly through Hathorn—originally Hawthorne, where these trees show at their best, and as we went

"The hawthorne shook sweet odors,  
Like a blessing, down  
From the snow-white blossoms  
Of its leafy crown."

That is, it would have done so in season. Our agricultural friends may be pleased to know that near this place lie the bones of Robert Bakewell, the man who invented the Leicestershire breed of sheep—a variety, by the way, whose meat is not to my taste as toothsome as the Southdown, however valuable their weight and wool may be to their owners.

Skiping a few stations, we come to Chesterfield, where, among others of the family, resided the fourth earl of Chesterfield, the author of some "Letters to his Son," a copy of which I wish could be placed in the hands of all our young men. They could consult it with advantage both to their minds and manners, particularly in presence of ladies. Near here Geo. Stephenson, the celebrated engineer, at whose centenary recently held there were such splendid ceremonies, died in 1848. This illustrious man, whose abilities did so much for the travel of the world, was the son of a fireman at a colliery, and when a boy occupied himself in herding cows. He learned to read and write at a night-school, and paid four pence a week to a Scotchman to teach him arithmetic. At twenty he became brakesman to an engine and took a wife. He added to his income by boot-

mending, clock-cleaning, and the like. He died the foremost man of all his time in the matter of railway-engineering.

A run of thirty miles brings us to Sandol, famous for Sandol Castle, where Richard Plantagenet, once its owner, fancying he should have the crown, offered the wager of battle, and soon

“Before his castle gate,  
Mangled with wounds, on his own earth lay dead.”

A half-hour's ride fetches us to Keighley, which, in itself without interest, has a borrowed charm in that it is near Haworth, the home of the Brontës—Currer, Acton, and Ellis Bell.

We begin now to near the summit of the line. Now we are on it, twelve hundred feet above the level of the sea. Naturally we begin to descend. The source of the Eden river reveals itself in a tiny waterfall. The country grows more fertile. Charming villas skirt either side of the road. Away to the left—to be seen only on a clear day—we catch a glimpse of the mountains of the lake district. In a little while snow-capped Skiddaw looms in the distance, and we get out at Carlisle for lunch. Somewhere about six hundred years ago Wallace captured the town, and afterward Bruce tried his hand at it. The first earl of Carlisle was an unprincipled young man, and, being convicted of having bargained with Bruce to betray his people, his head was sent to London and set on the bridge, and his four quarters distributed to “four good towns of England” as a warning to men of his kind.

After lunch I lit a cigar and took a nap, and saw not much more till we entered this Athenian city. Should you care to know what *I might* have seen—and had already seen on other visits—had I not had the smoke and sleep, see guide-books, from which it is but honest to say I have derived most of the foregoing. And speaking of this most convenient and useful and labor-saving variety of literature, it is immensely drawn upon to the right, to the left, and in front of me by a troupe of Cooke's American tourists, composed largely of schoolmarms and schoolmasters away on a holiday scamper, who are camping at this hos-

telrie for the nonce. From their very worn appearance they have had a hard day's fighting with the sights, and now, with Black and Murray and the lesser handbooks on their laps, they are writing up the events. I hear they have been on the go since five this morning—seventeen hours solid labor—doing Edinboro town and its environs. The party is a very large one. Its members fill the drawing-room, the reading-room, the smoking-room, the corridors, all who are not writing being engaged in talking, the staple of the talk being “‘our’ country and its immense superiority in all things to this awfully slow old concern over here. How much longer and wider and deeper and swifter ‘our’ streams are than the little creeks that these people call rivers; how one of ‘our’ mountains in the States is as large as a chain of mountains in Scotland; and how four of the Royal Hotel could be put in the Revere House, Bosting, or ten of it in the Palmer House, Chicago, and a whole dozen in the Fifth Avenue, New York, and then leave ample room for five hundred guests. And how much better our tobacco is, and how all these fellows have to get their tobacco from us, and how everlastingly superior our rum and rye are to this “Scotch stuff;” how if these fellow-countrymen had ever tasted Bourbon! and “how tarnationly and in every way and in every thing, up and down, big and little, wholesale and retail, the States is the land of the free and the home of the brave; and how the American eagle could chaw up and spit out the lion and the unicorn before you could say Jack Robinson; and long may it wave, the dear old flag; long may it wave;” and much more of the same vainglory, when it was all ended, for the hour at least, by the servant saying, “Twelve o’clock, gentlemen; time for the smoking-room to close!” whereupon my countrymen seized their grip-sacks and “guessed” they’d “turn in.”

Before going, an elderly man who had looked often in the course of the evening on the tip of the little finger of his right hand said to the waiter, “We want breakfast in the morning at six; we’ve got a powerful sight to see tomorrow!” The waiter replied, “May it please you, sir, we don’t have breakfast here



till nine o'clock, sir!" "What!" exclaimed my friend and countryman, "no breakfast till nine!" "No, sir; maybe you might get it afore, sir, if you'd a spoke to the head-waiter, sir; but nine is the ordinary breakfast-hour, sir," meekly replied the servant. My countrymen surrounded that servant, they encompassed him about, and each after his kind gave him a piece of his mind. The elderly man finally neared the servant, and waving his hand over the indignant group to command silence he said, "*Gentlemen*, I now see why this people does not get along; how, in fact, it is impossible that they should get along; how they must always fail to get along. They are too slow a people, *gentlemen*; too slow a people—a people, sir," pointing his finger at the burly, broad-shouldered, well-fed Scotch servant, who would have outweighed any two of the party and could have "gotten away with" the whole of it in a rough-and-tumble, catch-as-catch-can fight. "A people, sir, who do not breakfast till nine o'clock in the morning, sir, can not get along, sir; they are necessarily a hindhand people, sir. It is too late an hour, sir. Half a day's work ought to be done, sir, by that hour in the morning, sir. People can not be educated who do not breakfast until nine o'clock, sir. And without education, sir, no people can get along, sir. Education is the groundwork of free institutions—the corner-stone of liberty, sir; and to get an education you must get up early, sir, get up early, sir. No getting along without it, sir. No, sir. Unless you change your breakfast-hour, you Scotch will be left in the great race of peoples, sir. Left, sir! Mark me; left, sir!" Speaker again waved his hand. The listeners "guessed" again, and the waiter assisted my elderly countryman to "get along" to his room. As I watched the pair slowly move away I thought that in the matter of "getting along" up stairs—at least after midnight—the Scotchman who breakfasted at nine "got along, sir," considerably better than did the elderly American who breakfasted when at home "always at six, sir! always at six!"

Tomorrow I shall see Mr. John Chiene, whose lectures on Surgery in the *AMERICAN PRACTITIONER* three years ago at-

tracted such attention, and shall witness such operations as he may have to do at the Royal Infirmary. I shall also make it a point to see a number of Mr. Keith's ovariectomies, and strive to catch, if I can, the secret of his marvelous success.

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June 30th.

My elderly countryman was in no better humor this morning than last night. He did not get his breakfast until nine o'clock, nor could he have done so at any restaurant in Edinburgh. Nor, as for the matter of that, would he have found any restaurant in London open before that hour. Few of them open before ten in the morning, and I think all close before twelve at night. The doors of this very comfortable and well-ordered house are shut and locked at eleven P.M., and the guest who arrives after that time must ring the bell as at a private house in order to get in. And this Royal Hotel is the largest as it is the best hotel in this ancient town. My elderly friend declared this morning he should never put up here again, nor indeed at any other hotel if he knew it where he couldn't get his breakfast until nine o'clock. The old gentleman was unwilling to believe that climate and condition together determined in large degree the hour at which people took their meals no less than what they eat. He breakfasts when at home at six, dines at twelve, and sups at six. His *ménu* at his morning repast is a fry, soda-biscuit, pie, coffee. At twelve he simply adds to this one or two vegetables and some stewed fruit. For supper he substitutes for the vegetables tomato preserves; the *ménu* remaining otherwise unchanged. Before retiring he sings "We are marching on," and eats an apple. Under this dietary and in his climate the Michigander grows up thin and sallow, a martyr to dyspepsia; is stoop-shouldered; he walks but little and walks badly on small legs at thirty; is old at fifty, and generally under the sod at threescore years. The Scot breaks his fast on porridge, topping it with milk, eggs, a slice of cold meat and tea. He lunches at one on bitter beer,

cold meat, bread and cheese. At seven he faces soup, fish, roast meat, potatoes, cheese, and bitter beer. Before retiring he has one or more whiskies. The Scot moves in a large, well-knit frame, on legs made for use, at a brisk swinging gait which he can keep day in and day out. He does n't know what dyspepsia means, is blooming at fifty, and keeps the undertaker waiting until he reaches the eighties; and, if he drank Bourbon instead of Scotch whisky, I'd wager he'd round the hundred. Climate more than food makes the difference between the two men. If the Michigander would move to this country he'd grow in a few generations to good size and into good shape. The Scotchman, after living a few generations in Michigan, would return to his native heath in the person of my elderly friend. Speaking of legs, Englishmen have the largest and best developed legs of any race on the earth. The women have very broad hips, which necessarily makes them slightly knock-kneed and therefore graceful steppers. As for legs, they are magnificent—seen through their pin-backs, I mean.

Rain! rain! rain! but it does come down this morning. Notwithstanding, however, the General and a portion of the command are going to make a sortie. The General has not declared it, but I verily believe her intention is to occupy Arthur's seat—if it is n't too wet. In the event of the water retarding the movement, I have prepared pontoon bridges, which will afford them the means of rapid advance. I have remained in the rear to write and forward you this report. After reducing this city we will head toward the sea, our objective point being Oban, a good place for supplies, and admitting of easy marches through the Highlands and along the lochs. A line from Oban, which I hope to send you on the 4th July, will be the last I shall send you until after the meeting of the International Medical Congress.

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OBAN, July 4th.

The ride from Edinburgh to this place occupies six hours. We selected the daytime for making it, and the day, though

somewhat moist, admitted of our seeing the mountains, rivers, and lochs to advantage. The country is indeed wild, the scenery varied, not unlike that furnished by some of the spurs of the Rocky Mountains. The entire absence of trees upon the hill-sides strikes the American as being odd. The lochs which we passed were beautiful sheets of water reflecting from their placid surface the rugged but treeless hills which looked down upon them. The little short-legged, thick-wooled, hardy, black-faced sheep could be seen in great numbers far up the mountain-sides even to the very summits, looking in the distance more like white mice than sheep. A few small herds of Highland cattle, black, yellow, fawn-colored, and ash-colored, thin, bony, with large heads, bushy fronts, and very long hair, grazed here and there. As the train neared Oban a covey of young grouse flew across the road, and lighting in a patch of heather quietly looked at us as we passed. Further on a shepherd herding a few young cattle lay on the hillside, his hands clasped under his neck, one knee bent, the other crossed over it, in his mouth a stub-pipe, at his side a little boy at the most three years old, and at this boy's side sate a collie. The outstretched arms of the boy rested one on the head of the shepherd; the other encircled the neck of the shepherd's dog. Father, son, and dog. Many yards below them the long-haired, bushy-headed Highland bull bellowed savagely as the train slowly climbed the ascending road. Soon after we reached Oban, and from the Highlands looked down upon the sea.

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Just as I had finished and sealed the foregoing I heard a bell ringing in front of my window. On looking out I saw a grizzly old Scotchman ringing a bell about the size of that used by the auction-men in Louisville. When he had swung it in the air several times he stopped, and with an "O yez" read in a loud and distinct tone an advertisement of "a house and lot and furniture to be sold next Wednesday by James Clark, auctioneer." He now rang his bell again, and, stopping, announced, "Lost, yesterday on — street a bunch of keys fastened in a ring; the



finder will be rewarded by returning them to Mr. McArthur, the cobbler." Again the bell, and, ceasing to sound it, he cried, "Found, a small sum of money, which the owner can have by describing and paying expenses." The man was the "town-crier," a relic of a long-gone time, and now but rarely seen even in the more secluded villages of this interesting country.

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OBAN, July 7th.

Three days ago the General with a portion of the command moved on John O'Groat's, intending to reduce Iona, Staffa, and Isle of Skye, and return. The sick, S. and myself, were left here; and as the march was largely by water, and that salt-water, I am very glad I have remained in the rear. S. is too, for she is n't a much better sailor than I am.

This little town, resting under the shelter of Kerrera, takes its name from its white-walled houses—so the Guide-book says—the only instance in my knowledge where a village is named after it is built. The "white bay" is a pretty sheet of water, and indents the land in somewhat the shape of a horse-shoe—the houses clustered around its edges. Behind rise mountain-cliffs, green in ivy and forest-trees. The air is fresh and delightful. Most sea-air is delightful to me on land. Our pleasure here has been slightly dampened by the rain, which has fallen in a quiet way at least half of every day. The genuine British tourists go and come regardless of the weather. Rain does not hinder them, nor do winds. They tour just the same. They foot it or seek the outside of coaches or sail in boats in rain quite as in sunshine, of which latter they get precious little about this bay. They prepare for the weather with water proofs of every possible kind, with woolen and other heavy fabrics; and they—women inclusive—really do n't mind getting wet. Yesterday morning a very pleasant lady whose acquaintance we had made at the hotel mounted in a brisk rain to the top of the coach on which she was to ride for six hours, and did n't even raise her umbrella. She said she rather liked the rain—liked to be in it. Her husband by her side expressed himself ditto.

The rains I have seen here do not fall in torrents as ours do, but descend in a quiet, orderly manner, more as they come in Kentucky on a dreary November day. Hence a good waterproof over heavy clothing is sufficient to prevent one getting much wet. The highlander gives rain absolutely no thought. A few weeks ago at a religious open-air meeting near here hundreds of these hardy people sate through a morning and afternoon service, the rain falling steadily the entire time. Women with children in their arms, who had walked there from points ten and fifteen miles distant, and men who had walked twenty or thirty miles, formed a portion of the concourse, which without other protection than their tartans, and many without even these, were delighted with the performances.

The British is a nation of pedestrians. Outdoor exercise and outdoor sports are indulged in to an extent that astonishes an American. "Come for a walk!" is what your friend says when he calls in the morning, and means a little spin of six or eight miles. "Come, my dear Yandell, and we'll go down to the hills of —, a beautiful walk of eighteen miles; we'll leave after lunch and get there to dinner; we can return, if you wish, tomorrow morning to breakfast" ran an invitation from a great London surgeon. The highlander thinks nothing of a walk of thirty miles. His children often walk ten miles to Sunday-school, and he frequently makes a morning-call on foot twenty miles away. When you see his tall, well-set figure and his lusty limbs, and watch his long, swinging stride, you will understand how in a go-as-you-please he is able to cover these great distances without fatigue. I should have added, "and when you breathe the highland air," for this must have much to do with it. But the air of all this island incites you to move about, to put yourself in motion, to get out of doors, to stretch your limbs, to expand your chest. You absolutely long to do all these, and the air and the temperature appear to contain an element which keeps off fatigue, which prevents weariness. And here in the highlands this seems to be specially true.

Among my little walks round about here, one of the prettiest

is that to Dunolley Castle, once the home of the ancient lords of Lorn, occupying a rugged promontory a mile north of the town. A quarter of a mile below it stands an immense solitary pillar of rock, named Clach-na-coin, which my friend John Barbour will know better under the title of Dog's Pillar, it being so called because Fingal used it as a hitching-post for his famous dog "Bran." Even yet

"Something of old ancestral pride it keeps,  
Tho' fallen from its earlier place and circumstance."

The only drawback to my full enjoyment of all these beautiful surroundings is that S. is quite unable to accompany me on foot, and my own legs are not very useful. I tire quickly. The difference between being able to avail ourselves of the walks and the drives which are spread out on every hand and being obliged to consult our limited capacity for going is very great. It is one thing

"In vigorous health  
To roam at large among unpeopled glens  
And mountainous retirements,"

and another thing altogether to attempt it as an invalid. The other members of our party, however, are going to do it all from John O'Groat's to Maiden Kirk.

In my strolls immediately about here I have seen three varieties of cattle—two in abundance; of one but a few specimens—the west highland, a small shaggy-coated, big-headed, long-horned, short, clean-limbed chap, with nearly as much hair on his tail as a mule colt. He is quick in his movements and very fleet of foot—a thorough "scrub," reminding me of our smallest "brush" cattle. But he is a wonderfully hardy animal, and after his first year, during which he requires shelter, he shifts for himself and slowly gathers size and flesh on the tough grasses of the hill-sides. Their milk is said to be rich but secreted in very small quantity. The Ayre-shire, which also abounds, is the milk-breed of Scotland, and being of fair size they make good, fat cattle. You have no doubt seen specimens of the breed. In size they are on a par with our

scrubs, with shorter legs and more compact bodies. They are red and white, brown and white, and yellow and white—some brown. They too are a hardy race, and even on the scant food they obtain they are large milchers, and while the milk in quality may be somewhat less rich than that of the Jersey cattle it is abundantly rich. The cows are larger than the Jerseys—have better constitutions and weigh much more as beef. On the long grass of the lowlands their yield of milk is greatly increased while its quality is excellent. I much prefer the Ayreshire to the little Jerseys. The Scotch poll is a little black “muly” or hornless animal, not much seen in this part of Scotland. He too is a hardy brute, very compact, fattens with astonishing rapidity when taken to the rich pastures of the South, matures early, and is greatly sought after by the “fleshers”—Scotch for butchers. The “blue-blooded” Scotch poll is always a black “muly.”

The black-faced or Highland, the Cheviot, and the border Leicester sheep are the three varieties of the sheep I find here. The latter I have seen but a few specimens of. It is a wonderfully hearty animal with great tendency to fatten. They arrive early at maturity, producing, I am told, a large quantity of mutton in a short time and on a comparatively small quantity of food. I have tasted some of the meat, but it was coarse and tallowy. I understand the chief value of the Leicester consists in his producing a very superior cross on the ewes of the other breeds. The Cheviots get their names from the range of hills lying between England and Scotland and are a greatly-prized variety of the fleecy tribe.

The Cheviot is midway in size between the Leicester and black-face, and possesses many of the best qualities of both. He doesn't stand cold and rain as well as the latter, and requires better feeding while he yields a better clip. On the other hand he consumes less than the Leicester, is hardier, and their mutton is better. He is much handsomer than either. His head is really fine—full Roman nose, pricked ears, long neck, which, with his well-turned body, give him much grace and dignity of



movement. He is a particularly valuable mountain sheep. But the one of the trio which has most interested and pleased me is the black-face. He is a most uncommon little chap. He looks like a short-legged wooly dog without a tail. His fleece reaches nearly to the ground, quite hiding his legs. His horns are very large, neck short, head small, face black, legs same, body round and short—his whole appearance being thick-set, stubby. Seen as he picks his way far up the sides of the hills he resembles a long-haired white poodle—he seems to be creeping, his body actually on the ground. He is the sheep for these high cold and wet regions, the healthy mountain-ranges! He is said to be capable of enduring hunger and cold far beyond any other variety, while no amount of rain can penetrate his thick fleece. Nothing comes amiss to him in the way of forage. He will dig for the coarse grasses on which he subsists in the winter down beneath the snow. The ewe lambs are kept for breeding purposes. The wedders alone find their way to the fat market, having first been fed a time on the turnips of the lowlands. Of all mutton I place that of the black-face first. I wish some one of our enterprising people in the mountains would introduce the variety into Kentucky where a milder and dryer climate and better pasturage would improve the quality of both the wool and the flesh, if this could be done. The black-face will live and thrive where other sheep could not subsist.

Ting-a-ling, ting-a-ling, ting-a-ling, ling, ling! and the town-crier is again before my window, and now he cries—

“O yez, a congregational meeting in the church today at eleven o’clock.”

Ting-a-ling, ling, ling—“O yez, for sale at the Victoria quay, six carns of herring, fresh catch, to go cheap.”

Ting-a-ling, ting-a-ling—“O yez, Arthur MacPherson, the flesher, has six black-faced lambs, killed this morning—very fine.”

Perhaps by this time you’ve cried, hold, enough! and so I hold.

July 10th.

You observe I have changed my base. This was done in obedience to orders, the commanding General having found the advance on John O'Groat's rather more than her divided forces would allow. So she made a slight retrograde movement, and directed me to form a junction here. This I succeeded in doing yesterday, and today we occupy Inverness. The ride—all by water—from Oban, via Caledonian Canal, is among the most charming in all Scotland; and that, my friend, is no small thing to say of a land which abounds in every beauty which can be formed by countless combinations of hill, sea, and valley; of mountain, lake, and river; sunshine and storm; mist and trooping clouds; rills bright as threads of silver; cascades leaping into foam, which, falling too far away for motion in the descending mass to be detected, suggest columns of solid snow. When you come this way be sure you take it. The memory of its weird grandeur and anon its smiling splendors will abide with one always; yet I should like to renew it every season.

I believe I said once before that the island is absolutely overrun just now by my beloved countrymen. They are doing the Highlands at this time, and those everlasting hills are being pushed through and over and under and around at a gait that must amaze them. Tramp, tramp, tramp; here, there, every where; so much to see and to do, and so little time to do it in. Why, bless your soul! by going to bed early, to get up early, to get breakfast early, to get early dinner, that he may have early tea and go again to bed early and get another early start, the average Yankee will travel over more ground and see (after his fashion) more territory in one week than a Scotch tourist will do in a month. And then between swallowing a large guide-book at each meal and consuming two or more smaller books between times, that same Yankee will come out of his journey full as a tick of the whole thing. He can tell the Scotchman—or fancies he can—of lots of matters connected with the tour never dreamt of in the latter's philosophy—or any body else's. Whoop-e-la! whoop-e-la! but my compatriot goes it! His time

is short and his purse is long. He holds his watch on the one and takes the string off the other, and goes it. "Due at home September 16th; engagement in my office at 12:15 that day; bound to be there; got to do England, Ireland, and the Continent between now and then; bound to, you know; must see it all; Hez. Williams guessed he'd seen it all last year in sixty days; *I'll* do it in forty-five exclusive of ocean trip; for, after all, this is a mighty small country, and the Continent aint much larger, I guess," said my countryman to a courteous Scotchman as we steamed by the hoary head of Ben Nevis. Soon after he "guessed it cost a right smart chance of money to build the Caledonian Canal," which was pleasantly answered by his listener in the affirmative.

"You people," said a titled Englishman to me the other day, "are ruining travel in this country as well as on the Continent. By your lavish use of money you raise the price of every thing. You pit money against time, and back it at any odds. You leave home with so many days to stay, so many countries to see, and any amount of money to spend, and away you go! and so does your money! You come in a run, travel by express, write by telegraph, and have done and gone home before one can say Jack Robinson. I never saw such a people. You and a few others are all I have seen who appear not to belong to this class. Somehow you do not talk or do as they do. Your intonations are n't the same. Your manners are n't the same. Your bearing toward women is n't the same. You treat them with a kind of deference which the other man does n't show. The voices of the women with you differ from the voices of those from other parts of your country. Now can you tell me why this is? Are there three or more distinct peoples with you as with us—the English, the Scotch, and the Irish? Do you call one the Yankee, one the Western man, the other the Southerner? This has always puzzled me, and every year it puzzles me more and more. I am sure there is a difference. I believe it is as radical as that which you observe among our three races. The Yankee, as we once called all you folks, but who we now pretty well know

comes from New England alone, no more resembles the man from the South than the latter resembles the man who hails from the Northwest. I wish you'd explain it to me." I think I might have done so; perhaps I did do so. For there *is* a difference between the people coming from the different sections, and it does not follow because we are a united people that we are necessarily the same people all over the land. True we were, in one sense, cut out of the same block, and resemble in all the cardinal points; but we are no more one and the same people than are the English, Scotch, and Irish. My friend from Vermont has his good points, and I take my hat off to them. He eats pork with molasses. I eat hog and hominy. He would—if he had them. I recognize his good qualities; yet that does not blind me to the fact that his views and mine on many subjects are totally dissimilar; that he "calculates" and I don't; that he drinks cider and I drink Bourbon. Notwithstanding all which, here's good health to him and his.

There are, as you would naturally suppose, Americans and Americans abroad; some of the best, and many who are not. The former gain us and our country troops of friends; the latter keep alive the idea of all our worst national characteristics. The former receive on every hand kindness, attention, hospitality; the latter do not. The former return home charmed; the latter don't. The former see countless things to admire and many people to like; the latter see nothing to admire and nobody to like. One brings his quiet manners, his cultivation along with him; the other, having neither, brings none. The one does us credit as a race of well-bred men; the other does quite the reverse. There are American youths—I regret to say it—who are "sniffs," older Americans who are puppies, and still older Americans who are fools; and each of these varieties sends its most select representatives abroad in increasing numbers every year. And it takes a considerable number of the other and better kinds to convert by any sort of catalysis an otherwise than good lot into what shall really be representative of our better and higher civilization.

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I am compelled to say that the Scotch are not a pretty people—in the face. There is no place where one is so sure to see a collection of the beauties of a town as at the photographer's. If they are not there, I am of opinion they are nowhere. And while photos, as Douglas Jerrold said of daguerreotypes, are justice without mercy, still handsome people do sit for such pictures, and the artist does sometimes catch and preserve the most beautiful lineaments of their faces. Well, I have made pretty diligent search for such pictures in every town and city I have visited in this charming country, and I have not been repaid for my trouble. Scotch beauties are not there, nor do I see them in the streets nor meet them in either mountain or glen or on loch or river. There are more handsome faces in either Elrod's or Wybrant's or Klauber's galleries native and to the manner born than you will see in all the photograph-galleries in Scotland. This is the truth. Nor are Scotchmen either so large or so well-shaped as Englishmen. But warm-hearted, sociable, kindly, hospitable the Scotch people are in the highest degree. Humorous and appreciative of humor, witty and appreciative of wit, capital story-tellers; fine speakers, slow but tremendously firm; delighting in argument; stiff in opinions; tender-hearted; fond of a laugh, a pipe, and good whisky; simple in their ways, their habits, and their lives, with immense reverence for spiritual things; wonderfully prolific, they have more than doubled their population in the last fifty years. Far-seeing, enterprising merchants, their vessels enter every port; patient, frugal, industrious farmers, they export, notwithstanding their own dense population, large quantities of food; their artisans ingenious, they manufacture substantial and needed things, and the products of their factories are offered in all the great marts of the world; their universities among the most ancient and the best, their scholars rank among the most erudite, their jurists among the most able, their divines far and away the most eloquent, their physicians confessedly among the most skilled. But, for all that, the average Scotch woman is n't handsome and the average Scotch man is n't comely. Given blue eyes and high cheek-bones, and the

effect is—not pretty. So here's to the land where, though the year is divided into nine months winter and three months bad weather, has notwithstanding developed a truly noble people; where if the women are not beauties and the men are hard-featured they are all "tender and true," which is better.

Great Britain is surely the paradise of dogs, and London is its central city. Dogs have a value here such as they bear nowhere else. They are property—taxed and protected as such. I never knew exactly what kind of dogs Tray, Blanche, and Sweetheart were; but they or their shadows must be in London. I have not visited Constantinople, where it is said dogs do most abound; but there can't be any more dogs there than in London unless the people move out. Toy dogs weighing but a few ounces; pet dogs weighing as much as a Highland bullock; dogs riding in carriages; dogs on foot; dogs "at heel;" dogs gamboling in front of you; dogs at the ends of chains; dogs at the ends of ribbons; dogs in the drawing-room, in the dining-room, in the bed-chamber, in the servant's room; dogs in the railway-coaches; dogs on the coaches-and-four; dogs every where, and every where dogs; servants taking dogs out for an airing; mistresses taking them out for a walk; lovely dogs; sweet dogs; darling dogs; delicious dogs; heavenly dogs—they are called. They are more seen about the house than are the children, and are more petted than are the women. I have seen mothers with dogs in their arms while their children were consigned to the care of the nurse; I have seen mothers packing or leading dogs while little boys and girls were packed or led by servants; dogs instructed by their masters while the masters' children were instructed by the governess; hospitals for sick dogs, when there are not hospitals enough for sick men and sick women and sick children; "homes" for dogs, when there are thousands of people who have no homes; food for dogs when there is n't food for children; meat for dogs, when there are people who have never tasted meat; cakes for dogs, when there are children who do n't know what the taste of a cake is; covers for dogs, where there are people destitute of clothing. How is that for dogs?

What would Mr. B——g of the *Courier-Journal* do if he were in London? It is a “purty sight” sure enough to see a great grown man stoop down and, picking up a little dog, pack him across the street; or a fat dowager leading a small dog, and seeing Fido stop to have a chat with some canine friend, or stop—for some other purpose, the dowager waiting quietly by all the while. I must say, however, it is “too too,” “too too consummately utter” for me, fond as I am of dogs in the field, the yard, or on the farm.

The General orders an advance on Perth. I go to make ready.

Faithfully,

D. W. Y.

## Reviews.

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**American Nervousness: Its Causes and Consequences.** A SUPPLEMENT TO NERVOUS EXHAUSTION (NEURASTHENIA). By GEO. M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, Member of the New York Neurological Society, Ex-Vice-President of the American Academy of Medicine, Member of the New York Academy of Sciences, of the American Neurological Association. New York: G. P. Putnam's Sons. 1881. Pp. 352.

Neurologists are now having their inning. Their literary fecundity is something approaching the marvelous, and the consumers of their brain-work embrace nearly all medical men with thrice as many others, probably. The world is all agog for the discussion of the nerves, their structure, their essential normal functions, and their disorders; and the treatment of nervous diseases crowds the general practitioner, the neurological specialist, and the sharp charlatan. During the current calendar year, now seven months old, announcements have been made in the *Index Medicus* of the fresh publication of one hundred and thirty-six books, reports, and pamphlets on the nerves; and of these the French press has presented sixty-nine, the American twenty-nine, the German seventeen, and the English fourteen; and in addition to these we have at the same time eleven hundred and twenty-nine medical journal articles in all countries. All this corresponds with the consumption of immense nerve-power, and possibly should be enumerated among the efficient causes of existing neurasthenia.

There is propriety in this widespread interest in neurological affairs; for, of a verity, whatever we know of ourselves and of others, and of things not ourselves or others, is made manifest to our consciousness through our nervous organization and through it exclusively. Therefore the more perfectly our knowledge commands the entirety of nerves, structure, and function,



the better we shall be able as men to enjoy life, and as doctors to correct their disorders of whatever nature.

Dr. Beard is among the active neurologists who write freely of their work for the edification of the world. The present volume is in the nature of an addendum to or complement of his work on neurasthenia published about a year ago, and is designed as a philosophical and popular consideration of the whole "domain of nerve sensitiveness and nerve susceptibility, that lead to the more definite condition of nervous exhaustion." It can scarcely be classed as a book of scientific exactness, even such as the subject would admit of; but if one may distinguish between philosophic dissertations and scientific essays, this book is composed of the former, being five chapters on, respectively, 1. Nature and Definition of Nervousness; 2. Signs of American Nervousness; 3. Causes of American Nervousness; 4. Longevity of Brain-workers, and the Relation of Age to Work; 5. Physical Future of the American People.

In defining nervousness the author first declares what it is not, and is earnest that we shall understand that "nervousness does not mean unbalanced mental organization; a predominance of the emotional, with a relative inferiority of intellectual nature." He therefore discards the common idea that persons who are unreasonably timid when there is nothing to fear, and apprehensive of mischief out of all proportion with the probabilities of danger from the surroundings, are nervous; and after many illustrations intended to give an affirmative understanding of what he means, he makes this italicized positive definition: "*Nervousness is nervelessness—a lack of nerve-force.*"

This is followed by a lengthy explanation assuming the character of an apology, giving reasons why the word "nervousness" is retained instead of supplanting it with the true word "nervelessness." And the chief of these reasons is that the popular and professional recognition of the signification of nervousness would be disturbed by the change, illustrating this position by citing such terms as "writer's cramp," "hysteria," "epilepsy," and the like as quite unscientific, inexpressive, and metymolog-

ical, and yet must be retained because of their long use and a due reverence for familiar terms. This reasoning would not be satisfactory even if founded on real facts, and as it rests only on unsubstantiated allegations it is altogether worthless. Hysteria and epilepsy are terms that carry with them well-established significations, and they have not had other definitions than now attach to them; but surely neither the populace nor the profession have held, at least with any approach to unanimity, that nervousness meant nervelessness, and etymologically nervelessness would signify without nerves, not without nerve-force. But if the grammar were all right, and yet in the use of nervousness there arises a confusion of ideas, it should be dropped and another term substituted that should have a definite and distinctive meaning. Dr. Beard is not so barren of originality but that he could present a term that would fill exactly all the requirements of the case, if he were so minded. Original ideas should be presented in language void of all ambiguity, otherwise the author fails of his aim and his labor is lost.

A careful perusal of this chapter does not lead one to the conclusion that the author really means by American nervousness the absence of nerve-force, as he asserts, but rather an unbalanced or erratic exhibition of nervous energy. He declares that neurasthenia or nervous exhaustion is the sequel of nervousness. Now how can there be an exhaustion of nerve-force when there was no nerve-force to exhaust? And the signs of American nervousness which the author sets forth with particularity and at great length in his second chapter still further justifies the conclusion that he does not portray the absence, but the erratic manifestation of nerve-force. The reader is irresistibly led to the conviction that Dr. Beard has not evolved in his own mind clear and definite conceptions of American nervousness, or he would have found better language for their presentation.

There is a further degree of confusion, or perhaps it would be better to say a lack of perspicacity, in the presentation of his views on nervousness by Dr. Beard, as there is also by other

authors, because he does not anywhere in his book set forth in terms the rôle of nerve-force in animal life, but leaves the reader to infer, perhaps unintentionally, that it is in some way different in origin and nature from other vital manifestations; that it is, in fact, the foundation and essential substratum of all human vitality. We will not be in the best condition to understand either the physiology or the pathology of the nervous system until we recognize that nerves are not indispensable to vital activity; that the cell, which is the vital unit for animal as well as vegetable life, has no nerve-tissue nor differentiated nervous function; and that the fecundated ovum of the human female is but a homogeneous cell, bloodless, boneless, nerveless, and yet endowed with the potentiality of a man perfect in structure and function in all his tissues, organs, and apparatuses. Such a study will teach us that the rôle of the nerves as a system is not independently to originate vital force, nor even to excite it, but to associate, harmonize, and unify the inherent vital energy of a countless host of cells aggregated into a body and differentiated to the highest purposes of a sentient being, so that the notes of a harp of a thousand strings may be delivered in a strain of accordant music. And, furthermore, while writers on neurology continue to employ words indifferently to signify either vesicular neurine, a conducting nerve-fiber, and their separate or combined functions, there must remain obscurity and indefiniteness in their teachings. Instructors in every teaching department should have well-defined ideas and definite terms in which to express them.

In his second chapter Dr. Beard recites the signs of American nervousness, and of them makes a catalogue numbering nearly fifty. The chapter is instructive, both for its general drift and its special points. The reader will probably marvel at the enumeration of near-sightedness, bad teeth, premature baldness, diabetes, chronic catarrh, American female beauty, lacerations of the womb and perineum in parturition, American oratory, and an alleged growing mildness of syphilis as among the notable signs of American nervousness; that is, mark, a lack of nerve-force. It seems an incongruous assumption that American eloquence

and a ruptured perineum should have the same genesis, or, rather, be signs of the same constitutional imperfection. It is an affair of some consolation, however, to those who are convinced by the author's statements, that he assures us that his long list of nervous ills is conducive to longevity, and not, as we might conceive, destructive of life.

Regarding beverages the author makes some curious announcements. He asserts that American nervousness renders its victims incapable of drinking coffee and tea, as well as alcoholic stimulants, thus: "Through all the Northern States the brain-working classes find coffee more poisonous than whisky or tobacco, and thousands are made wakeful even by a mild cup of tea. The incapacity for bearing the gentlest wines and beers is for thousands of our youth the only salvation against the demon inebriety. Thus the united forces of climate and civilization are pressing us back from one stimulant to another, until, like babes, we find no safe retreat save in chocolate and milk and water." If the army of temperance advocates can ingest and assimilate this information it will prove a source of much comfort.

In this connection the author further says, "To see how an Englishman can drink is alone worth the ocean voyage. On the steamer with me a prominent clergyman of the Established Church sat down beside me, poured out half a tumblerful of whisky, added some water, and drank it almost at one swallow. He was an old gentleman, sturdy, vigorous, energetic, whose health was an object of comment and envy. . . .

"A number of years since I was present at Liverpool at an ecclesiastical gathering composed of leading members of the Established Church, from bishops and archbishops through all the gradations. At luncheon alcoholic liquors were served in a quantity that no assembly of any profession, except politicians, in this country could have tolerated.

"Capacity to bear stimulants is a measure of nerve-force. The English are men of more bottle power than the Americans."



This may be accounted of the nature of news rather than of scientific demonstration, and the author subsequently adds a clincher by saying, "To see how other nations drink, and to learn how our fathers half a century ago used to drink, is to a philosophic nature worth a trip to Europe, though nothing else be seen." An ocean voyage seems to be a favorite means of measuring the value of opportunity to see how the world drinks, but the average landsman who undertakes it usually gives more attention, under duress, to the phenomena of emesis than to the philosophy of the ingestion of beverages; though quite possibly, as the author has a book on sea-sickness, he rates the voyage, as a means of philosophic investigation, minus this distressing accompaniment.

Further along in the volume, and out of connection with this bottle-power argument, Dr. Beard says, "The excessive nervousness of Americans seems to act as an antidote and preventive of gout and rheumatism, as well as of other inflammatory diseases." If this be true, perhaps the reader may associate the American nervous inability to drink with the nervous absence of gout and rheumatism; and this suggestion finds additional support in the fact, if such it be, as the author alleges, that nervousness makes Americans small eaters as well as poor drinkers.

Whether nervousness be the cause of the difference or not, certainly no observant American who has entered the social life of England, on whatever plane, has failed to be impressed with the greater consumption of food and beverages among the home descendants of our forefathers; but it has been reported by visitors who have had experience that a few months' sojourn with our English fraters in their homes enables Americans successfully to compete with them in eating and drinking; so that we shall have to conclude that English climate, customs, and cuisine are a cure for American nervousness, so far as manifested by gastronomic peculiarities.

A long chapter is devoted to the causes of American nervousness. The chief fundamental causes are stated to be: 1. Modern civilization; 2. Climate; 3. Race; 4. The nervous diathesis.

The last-recited cause the author uses as an omnibus into which he crowds a heterogeneous company of sub-causes, including a comparison of Americans with the Chinese, the Turks, the Indians, the Negroes of the South, and the Americans who live east of the Alleghanies with those who live west, drawing the surprising but probably correct conclusion that nervousness is decreasing east and increasing west.

Declaring that "American nervousness is the product of American civilization," the author adds that "the people of this country have been pressed constantly with these three questions: How shall we keep from starving? who is to be the next president? where shall we go when we die?" It must be confessed that these are, and rightfully, paramount queries; but surely few competent neurologists will attempt to maintain that the interest felt in them by American citizens should be accounted an evidence of their "lack of nerve-force." It is even reasonable to infer that the attention given to these interrogatories among us is due to the appropriate exercise of a large amount of an excellent variety of nerve-force; and furthermore, many politico-biologists will doubtlessly hold that instead of American nervousness being the product of American civilization, American civilization is the product of American nerve-force, and that the character of the product justifies the inference that the nerve-force is both abundant in quantity and of good quality.

Touching the influence of climate, Dr. Beard intimates rather than declares that the alternating extremes of heat and cold militate against the better development of man, and especially the proper development of his nerve-force, and instances the Sandwich Islands climate as the ideal one for the highest human evolution, because the temperature there perpetually lingers between 65° and 85° Fahrenheit. This is an illustration that illustrates the wrong way—a witness that testifies against the caller. Capt. Cook found about four hundred thousand well-to-do inhabitants on the Sandwich Islands. While reading this chapter the newspapers announce that King Kalakaua, of the Hawaiian monarchy, is in England attempting some negotiations on be-

half of his subjects now reduced to two thirds of a hundred thousand, and these without more than a semblance of agriculture, manufactures, or commerce. This makes a poor exhibit of the success of an equable climate in furnishing a nation of good men either in numbers or works. The islands have an area of sixty-five thousand square miles. Center Township, Marion County, Indiana, has an area of forty-two square miles, and as a matter of fact the latter has more than twice the population of the former and a thousand times more enterprise. The islands have been peopled with the present race since immemorial time. The existing race of nerveless Hoosiers have occupied Center Township since 1819.

In whatever way neurologists may account for it, history establishes the fact that the advance of civilization for the last thousand years has been chiefly among the inhabitants of the middle latitudes where the climate has been subject to variations of temperature even exceeding one hundred and twenty Fahrenheit degrees.

Notwithstanding the frequent looseness of statement and wrong deductions in this chapter on the causes of American nervousness, there is much in it worthy the attention of and more that is valuably suggestive to the general practitioner of medicine.

Nearly twenty years ago Dr. Beard first published the result of his studies in the longevity of brain-workers as compared with muscle-workers, and the conclusions he then announced he now declares have been abundantly corroborated by his own further investigations and the testimony of numerous other searchers. He submits these propositions: "1. That brain-working classes—clergymen, lawyers, physicians, merchants, scientists, and men of letters—lived much longer than the muscle-working classes. 2. That those who followed occupations that called both muscle and brain into exercise were longer lived than those who lived in occupations that were purely manual. 3. That the greatest and hardest brain-workers of history have lived longer, on the average, than brain-workers of ordinary ability and industry.

4. That clergymen were longer-lived than any other great class of brain-workers. 5. That longevity increased very greatly with the advance of civilization, and that this increase was too marked to be explained merely by improved sanitary knowledge. 6. That although nervous disease increased with the increase of culture, and although the unequal and excessive excitements and anxieties attendant on mental occupations of a high civilization were so far both prejudicial to health and longevity, yet these incidental evils were more than counterbalanced by the fact that fatal inflammatory diseases have diminished in frequency and violence in proportion as nervous diseases have increased, and also that brain-work is, *per se*, healthful and conducive to longevity."

The author claims to have delved in ancient history until he has mined out the age of all famous men whose lives have been recorded with sufficient detail for the end in view. He states that the number of historical great men is much smaller than the popular estimate. His list comprises five hundred names, and the average age at death was sixty-four and one fifth years; but the average age of one hundred of the very greatest men of the world was seventy-five years.

The views of Dr. Beard declaring the greater longevity of brain-workers have not passed unchallenged through these twenty years; but he insists that not only has he reëxamined the ground of his statistics, but has had other competent persons review the same, and has the added testimony of independent investigators, all converging to sustain his first-formed opinion antagonistic to the popular conception as it may be.

Certainly in a purely clerical matter like this there is no reason to doubt the correctness of the figures adduced by the author, though exceptions to his rule are neither rare nor unimportant, and these he not only recognizes, but recites, claiming rightfully enough that they in no wise invalidate the rule. If error attaches to his conclusions, it is doubtless due, first, to the proverbial unreliability of historical records, and, second, to the fact that brain-workers who died young had not attracted the



attention of the historian, and therefore were unnoticed; while those who became old, by that very fact became historical. Nor should we fail to remember that any number of farm-hands or common laborers, though their age at death were fourscore years, would not be subjects of historical notice. For the relative longevity of brain- and muscle-workers of the current period, we must rely on the official statistics of enlightened nations. The past may be left for the exercise of industrious speculative theorists.

Another idea very prominently set forth in this chapter, and probably not yet recognized by the majority of medical men, is this: that the human mind matures with the body, and that as the body reaches its completest development at about forty years of age, so the intellect at that age has attained the acme of its power. The author asserts that no genius in any line, no famous man of talent at any time has originated any thing after the age of forty. Most of famous people have only been known at a much later period of life than forty; but he contends that the growth of intellect that made them famous had culminated at that age, and that subsequent years had been utilized in arranging and applying the acquirements prior to that time. To originate ideas requires enthusiasm, and enthusiasm fades at forty; but the energy and tact to apply what has been originated continues for many years, and it is this late fruit of earlier growth that is seen of men and establishes fame. Artists, poets, statesmen, soldiers, scientists do their original work before forty, and for a score or more years afterward give it in concrete form to the world. Of course forty years is a relative age of perfection in mind, some men culminating at thirty-five, others enlarging until forty-five.

These conclusions have been demonstrated by analyzing the lives of seven hundred and fifty of the most eminent men of history, and an equal number of men of secondary importance, the average age of the whole at the time of death being sixty-six years, though many of them were over seventy. The author gives the result of this extraordinary investigation in these itali-

cized words: "*The broad fact then to which these statistics lead us is, that the brain follows the same line of growth, maturity, and decay as the rest of the body; that the nervous, muscular, and osseous systems rise, remain, and fall together; and that the received opinion that the mind, of which the brain is the organ, develops and matures later than the power of motion or of physical labor and endurance is not sustained by the facts of history. The capacity for production is greatest in the latter part of the first half of the full life of man.*"

Dr. Beard finds confirmation of his theory in an examination of the lives of animals and plants, and from the whole extensive field of observation deduces a general law of development, maturity, and decline applicable to all living things in their physical structure, and equally so and correspondingly to their mental force for all such as have a mental apparatus.

If this doctrine of the author be true—and he makes it appear quite plausible—the reader whose years are twoscore and ten or more must find his consolation in the fact that there are many notable exceptions to the rule in all countries and periods, and to the further fact that there is as much merit and enjoyment in the application of what has been originated years before as in the fruit of genius or talent made apparent at the time of fruitage.

The last chapter in the volume is entitled "Physical Future of the American People." According to the author, American nervousness is auto-corrective of its own evils, and will presently be purged of all that is objectionable; and he finds abundant reasons why we are to be the salt of the earth and the light of the world—the exemplar of all good things to all peoples; provided always that we do not worry too much. Worry is the retarding evil that stands between Americans and perfection—in the future.

Taken as a whole, *American Nervousness* is a book that the general practitioner of medicine may read with profit if he will read it studiously, and it may be commended to all intelligent readers of whatever calling. Few, if any, will sanction all its

propositions, but all will find food for healthy nutrition, and many realize a stimulant that will inspire thought and action to bear good fruit in the future.

J. F. H.

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**Cartwright Prize Essay:** OBSERVATIONS WITH THE HEMACYTOMETER UPON THE GLOBULAR COMPOSITION OF THE BLOOD AND MILK. By FREDERICK P. HENRY, M.D., Physician to the Hospital of the Protestant Episcopal Church, Phila. Published by F. A. Davis, Att'y, Philadelphia. 1881. Pp. 37.

This short pamphlet treats of the methods for measuring and counting the blood-corpuscles in health, and more especially in disease. Examples are given illustrating the decrease of the red blood-corpuscles in saturnine anemia, anemia of cancer and diabetes mellitus, chlorosis, essential anemia, and pernicious anemia. There is also given a case each of lactation and menstruation, showing their effect upon the number of red blood-corpuscles.

## Clinic of the Month.

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REMARKABLE CHANGE OF COLOR OF THE HAIR FROM LIGHT BLONDE TO NEARLY JET-BLACK IN A PATIENT WHILE UNDER TREATMENT BY PILOCARPIN—REPORT OF A CASE OF PYELO-NEPHRITIS, WITH UNUSUALLY PROLONGED ANURIA.—Dr. D. W. Prentiss, of Washington, D. C., reports this remarkable case in the Philadelphia Medical Times:

The patient was a delicate schoolmistress. Obstinate constipation was the first serious trouble in October, 1879. Ten days' medication was often necessary to produce an evacuation, and then a profuse diarrhea would occur. Sometimes pure jelly to the amount of a pint or a quart would pass at a single stool. Galvanization eventually removed the bowel troubles. On two occasions no urine passed for thirty-six hours. Acute cystitis followed this, accompanied by high fever, profuse flow of pus, and intense pain. For months urine only came away when a catheter was used. Next the pelvis of the left kidney became involved. Great pain and diminished urine were the result. Examination of this secretion showed color pale, turbid, reaction acid, specific gravity 1.014, no albumen (except in pus). Microscopically examined; copious deposit of muco-pus, bladder epithelium in small amount, no triple phosphates, one pale cast seen after careful search; do not think the pus is from the bladder.

Other symptoms than those arising from the bladder and kidney, already mentioned, were alternating constipation and diarrhea—easily controlled, however—obstinate vomiting, violent headache, and sleeplessness.

Hypodermic injections of morphia relieved the headache, after many other remedies had been tried, but the morphia seemed to increase the vomiting and intensify the insomnia. After the failure of bromides to cause sleep, a trial was made of the fluid extract of Jamaica dogwood (*Piscidia erythrina*), which, when given in a teaspoonful dose at bedtime, usually secured a good night's rest. The piscidia, however, was frequently rejected by the stomach, and it was further observed that it had no effect in relieving pain. When pain accompanied the insomnia the Jamaica dogwood did not cause sleep. It was



further noticed that it did not cause constipation, but, on the contrary, the bowels were usually moved spontaneously the day following its administration. At one time the vomiting was so constant that nothing was retained, neither medicine nor nourishment. During this period nourishment was given by the rectum, and medicines hypodermically.

The above condition continued, with very little change, about five months, when symptoms of pyelitis of the other (the right) kidney developed; great pain and tenderness in the region of the right kidney, with very marked diminution in the quantity of urine, so that for ten weeks it did not average above two ounces daily. This contained a large amount of pus, and at times had a putrid odor. At one time, for seven days not a drop of urine was excreted, although the catheter was introduced twice daily. Extreme uremic symptoms developed—dry skin, but no itching; incessant vomiting, nervous restlessness and twitchings of the limbs, flushed face, severe headache, confusion of vision, and delirium at times. This attack was tided over by the free use of pilocarpin, and the secretion of the kidneys returned.

A record was kept of the amount of urine excreted, and this shows that for *eleven days* not a drop of urine was passed from the bladder, the catheter still being used twice daily, and again during twenty-one days but a little over two ounces of urine were passed.

Other remedies failing, Dr. Prentiss says :

Finally I commenced giving hydrochlorate of pilocarpin hypodermically in doses of one sixth of a grain. The patient was wrapped in a warm blanket, with bottles of hot water around her, previous to the administration of the hypodermic. It is to be observed that the hot bath and the hot-bottle packing had been used previously without causing diaphoresis, and on two or three occasions where the hot packing was omitted the sweating from the pilocarpin was not nearly so profuse. Immediately, almost before the needle was withdrawn, the face and neck would flush up bright red, and dimness of vision be noticed. This was shortly followed by palpitation. In three minutes slight nausea; eyes, nose, and mouth beginning to water, and skin showing moisture. In seven minutes free vomiting, profuse sweating, and salivation. The action of the drug lasted from four to six hours. An analysis of the phenomena produced results as follows:

*Vomiting.* The vomiting continued throughout the "sweat" almost without intermission, and was the most distressing symptom of the ordeal. After a spell of vomiting the patient would lie back on the

pillow, hoping for a rest, when it would again return. The odor of the ejecta during February was very offensive, like decayed vegetable matter. The amount discharged in this way, which of course includes the saliva, was never less than two quarts, and often as much as a gallon. The patient states that she did not swallow the saliva, and insists that a large portion thus brought up came directly from the stomach. This would indicate that the pilocarpin also causes a fluid discharge from the stomach. Nausea and vomiting ceased as soon as the effect of the medicine passed off, and food was taken and retained, although previous to the "sweat" the stomach would reject every thing.

*Salivary glands.* In the beginning of the "sweat" water flowed freely from the eyes and nose, as well as from the mouth; but when salivation was fully established the eyes and nose ceased to discharge. The saliva was viscid and tenacious, so that to clear the mouth it was necessary to use a handkerchief. Its flow was so profuse that after thus clearing the mouth she would not have time to get a drink to quench thirst before the mouth would again be filled; so also talking connectedly was altogether prevented. Water drunk during the sweat at no time exceeded a gobletful.

*Perspiration.* First noticed on forehead and neck; then the skin of the whole body, which had previously been dry and harsh, became moist. When sweating was fully established the water ran in little streams over all parts of the body. In the face it was with difficulty kept out of the eyes. In five minutes the hair would be saturated, and though wiped dry it would be again soaked in a very short time. In odor the perspiration was offensive, and on several occasions had a distinctly urinous smell.

*Action on heart.* Pulse became rapid in a few minutes, and when the action of the drug was fully established a thumping palpitation added to the distress, aggravated by the vomiting. This thumping could be heard at a distance of six feet, and continued with decreasing violence until the close of the paroxysm. The pulse ranged from 120 to 136, and was weak and compressible.

*Bowels.* Just as soon as the perspiration was freely established the bowels moved—always a large action—and on several occasions were moved more than once.

*Eyes.* Pupils contracted to a small point. Sight became impaired at the first rush of blood to the face, and the dimness continued to increase until it was impossible to distinguish objects beyond the foot of the bed. As the effects wore off the exhaustion was extreme; pulse 130 and feeble; but there was a grateful sense of relief, and a disposi-

tion to sleep even before the sweating ceased. The head was no longer dizzy, pain in the kidneys less, stomach free from sickness, and the tongue free from coating. A quiet sleep followed, lasting several hours, from which the patient awaked refreshed and hungry.

*Amount of Fluid discharged during a "sweat."* This of course could only be estimated. Fluid from the acts of vomiting was caught in a basin, which was emptied when one half or two thirds full three or four times, and each time contained not less than a quart.

The blanket in which the patient was wrapped was saturated, as was also a folded sheet under the blanket. The pillow was saturated through, and the bolster beneath wet.

An experiment was made of saturating the blanket to as near as possible the same degree as when used in the sweat, and five pints of water were required. We have then this calculation:

|   |           |
|---|-----------|
| By vomiting and saliva, . . . . .             | 7 pints.  |
| By saturated blanket, . . . . .               | 5 "       |
| By sheet, pillow, and body-clothes, . . . . . | 2 "       |
|   | <hr/>     |
|   | 14 pints. |

This seems almost incredible, but I believe the amount stated is strictly within the truth.

The symptoms of congestion and inflammation in the right kidney gradually disappeared, the excretion of urine returned, and the pilocarpin was discontinued.

Chloroform by inhalation more than once was resorted to for the purpose of warding off impending convulsions. It had a very happy influence over the nervous symptoms, and appeared also to increase the amount of urine. Several times was its use followed by an increased flow of urine.

Her present condition (twenty months from first attendance), while it can not be termed convalescent, is, under the circumstances, eminently satisfactory. The right kidney seems to be well. There is still pain in the left kidney, and occasionally muco-pus in small quantities in the urine.

#### CHANGE IN THE COLOR OF THE HAIR.

Specimens of the hair taken November, 1879, and November, 1880, are a *light blonde with a yellow tinge*. A specimen January 12, 1881, is a *chestnut-brown*, and the fourth, May 1, 1881, *almost a pure black*. The growth of the hair has been most vigorous, and is thicker than formerly, and also much coarser.

The dark hair is much coarser than the light. Accompanying the change in the hair of the head there has been a corresponding change

of color of hair upon other portions of the body—not, however, to so marked a degree. There has been also a change in the color of the eyes—from a light blue to a dark blue.

The use of the pilocarpin was commenced on the 16th of December, 1880. The hair was first noticed to be changing color December 28, 1880.

The important question here presenting itself is, Was this change of color due to the pilocarpin or to some other cause? I have not seen such an effect noted as the result of jaborandi, yet there seems to be in this case no other reasonable explanation. It is well established that jaborandi increases the nutrition of the hair, stimulates its growth, and renders it thicker.

Changes in the color of the hair are of frequent occurrence as a result of sudden violent emotions, such as fright, great grief, or even sudden joy. The change, however, is always from dark to white.

Dr. Prentiss concludes thus :

This case has been one of unusual interest, and in closing the report it will be profitable to recapitulate briefly the points worthy of note.

1. The prolonged period of total suppression of urine. In one instance this extended over eleven days, and for twenty-one days the anuria might have been almost considered total, the daily average being less than one teaspoonful.

2. The value of the pilocarpin in eliminating urea from the system and averting the consequences of uremic poisoning. The usefulness of this drug in uremia and in the various forms of dropsy is coming to be well known, but it seldom happens that its beneficial effects are so strongly marked as in this case. The uremia was extreme, and the case at one time so apparently hopeless that it became a serious question whether we were justified in pursuing a course of treatment so distressing to the patient. Dr. Bartholow says of pyelo-nephritis, "When uremic symptoms occur the duration is measured by weeks, and but one termination is possible." (Pract. Med., p. 469.) In this case much of the success of the treatment was undoubtedly due to the patient herself. She is of a bright, sunny disposition, and has been upheld throughout her illness by a positive determination *not to die*, and she seconded most faithfully the efforts of her physician in her behalf.

3. The amount of fluid eliminated during a "sweat." I have hesitated to state the amount (fourteen pounds), which is about one sev-



enth of the body-weight, because it seems almost incredible; but a careful reconsideration satisfies me that the statement is not exaggerated. I think it probable that the amount was increased by the hot-bottle pack.

4. The effects produced in this case by the pilocarpin upon the stomach and bowels would indicate that it excites a watery discharge from their mucous membranes as well as from the skin and salivary glands.

5. The hypodermic use of pilocarpin. The hydrochlorate is perfectly soluble, and its use under the skin is unattended with pain or irritation. Its action hypodermically is more prompt and the effects are sooner over than when it is administered by the stomach. It has been recently stated that the jaborandi contains another alkaloid, jaborin, which is antagonistic to pilocarpin. If this be true it is decidedly preferable to use the pilocarpin rather than the leaves.

6. The change in the color of the hair. If I have properly attributed this to the action of the medicine it would seem to add another to the marvelous effects of this agent upon the human system.

7. There was no dropsy in this case. In two other cases of pyelonephritis occurring in my practice which resulted fatally there was no dropsy. Uremia, or rather anuria, is not sufficient to cause dropsy, but combined with a grain of albumen (albuminuria) dropsy soon results.

This is certainly a most extraordinary and interesting case. We have only given extracts from the author's excellent report.

While Dr. Prentiss is probably correct in stating that the color-change in hair from sickness, fright, etc. is always from dark to light, this is not the case with the skin. In Addison's disease more or less melanoderma occurs, as also in chronic hepatic derangement from malaria; and in vitiligo deep cutaneous discoloration takes place. Erasmus Wilson mentions the case of an Italian who from violent fright got a severe fever which was followed by general blackness of the skin. An acquaintance of the writer once related to him the case of a valuable horse, one of a pair, in which a severe and painful injury—a partial tearing away of a hoof—was followed by a gradual but complete change from a jet-black to a bay color.

THE DURATION OF PREGNANCY.—Helen Idleson, M.D., in the *Med. Wochenschrift*, sums up the results of her investigations as follows: 1. The duration of pregnancy amounts to 278.8 days, or nearly forty weeks. 2. The sex of the infant influences the duration, this being longer in female infants. 3. The heavier the child the longer is the duration (?). 4. The duration is longer in multiparæ than in primiparæ. 5. The younger the woman the longer is the duration. 6. The duration is longer in married than in unmarried women. 7. The first movements of the child are felt, on an average, on the one hundred and thirty-fifth day, but later in primiparæ than in multiparæ.

BENZOATE OF SODA IN ACUTE RHEUMATISM.—Dr. Macewan has (*British Medical Journal*) used benzoate of soda in the treatment of acute rheumatism. The results which he has obtained from it have been favorable, and though the cases quoted are too few in number to warrant any confident conclusions, they are sufficient to show that there is a strong probability of benzoate of soda being a remedy of considerable efficacy in the treatment of rheumatic fever. He gives it as salicylic acid is given and in full doses. It does not produce the unpleasant effects of the salicylic acid.

## *Notes and Queries.*

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A PHARMACIST OF THE PERIOD.—R. K. Smither, in a paper read at the July meeting of the Erie County Pharmaceutical Association, says (New Remedies, Sept. 8):

His name is Bolus. At a tender age and at a compensation of a dollar or two per week he is admitted to the Galenical sanctum of the corner drug-store. He has no time to waste on theory, but in stern practice he investigates the mechanical action of the symbolic pestle and mortar upon the crude elements of the ordinary pharmaceutical preparations, experiments with the labor-saving action of certain chemical reagents upon the metallic surfaces of the show-cases, learns the chemistry of the sparkling soda-water with its sophisticated cream-syrups, the antiquity of the foaming "mead," and the botanic composition of the healthful beverage from the birch, hitherto known to him only as an external application. In due time he takes his stand behind the mystic prescription-case and begins to decipher the hieroglyphic characters and erratic abbreviations of the modern prescription. He is a stranger to chemical nomenclature and unversed in the first elements of botanical classification; yet his pills are round and firm, his powders uniform, his emulsions homogeneous and permanent, and his preparations generally evince some practical knowledge of his calling.

It is true he is required to be on duty eighteen hours out of twenty-four, the remaining six (with occasional interruptions on the part of the night-bell) being spent on a luxurious couch which is compactly stored under the prescription counter. But this is fortunate; for, having industriously labored five or six years at his calling, he now receives the magnificent salary of six or eight dollars weekly, and much leisure might tempt him to extravagance.

At length by rigid economy accumulating a small amount of the "needful," he selects a location (usually a corner) on which to hoist his gilded mortar and display his colored bottles. He in turn dispenses "the best soda in the city," "compounds prescriptions accurately at all hours of the day or night," and furnishes "a clear Havana cigar for five cents."

He is the most accommodating individual extant. Having learned

that "civility costs nothing," this constitutes his principal stock in trade. He keeps constantly on hand an ample supply of the several denominations of postage-stamps, in which he realizes so large a margin that in case a customer has "no small change" he will cheerfully mark it down (on the ice) and will politely attach the stamp and deposit the letter in the box on the opposite corner.

He is a regular subscriber to the City Directory exclusively for the use of his patrons, and is invariably ready to search for such addresses as may be applied for. An inexhaustible stock of expensive chromolithographs supplies the youthful demand for "picture-cards." He is highly gratified to be frequently notified by his patrons that they are morally certain his profits average several hundred per cent, and considers himself slighted if not treated at least once daily to a recapitulation of some of the usual anecdotes illustrative of the popular exaggerated idea of his margins. This cheers him up and makes him suspect that the attenuated condition of his bank-account may, after all, be due to some mathematical error. His telephone is at the disposal of the public, and he will consider it a privilege to be allowed to suspend the manipulation of some important pharmaceutical preparation to call Mr. Jones at his office and inquire what time he will be home to dinner. If Mrs. Jones prefers not to wait, the answer will be cheerfully sent a couple of blocks to her residence.

As a waiting-room for the street-cars Bolus's room is preëminent. Tickets are retailed singly and on long time, and observation rigidly made as to "what time the last car passed;" also calculations as to when the next may be expected. The exact time is also furnished, together with any desired information regarding the running of trains or boats.

Our pharmacist is the factor of a celebrated *cough-mixture*, and, not to be behind on the popular terminology, he christens it "*cough-aline*." It is recommended as an "infallible remedy" for all diseases of the throat or lungs, with the possible exception of "the last stages of consumption." With the first package issued he assures the confiding public that it has been employed by eminent physicians for years; and as there are numerous counterfeits abroad, warns them that the genuine "bears the fac simile of the discoverer; thus, Benjamin Bolus." He advertises it in the following striking and attractive newspaper local: "Cough while you can, for after taking one bottle of Bolus's *Coughaline* you can't. Sold by druggists. Price 25 cents."

To the physicians with whom he comes in contact Bolus is obsequious in the extreme; for although he has a lingering suspicion that



the mere possession of an average medical diploma is not necessarily a guarantee of superior ability, intelligence, or integrity, yet it is customary, and consequently politic. He keeps in stock all the placeboic "*elegant preparations*" that are advertised in the current medical journals, and is ever ready to order "by request" a quantity of any new or expensive remedy his medical patrons may wish to try. It is more than likely to prove overestimated and n. g., and nine tenths of the investment will remain permanent; but this enables our pharmacist to accumulate a varied collection of specimens as a practical illustration of the "progress of pharmacy" in this particular direction.

When requested to prescribe for some minor ailment in a customer Bolus declines to so violate his ethical obligations to their family physician; but, recommending the employment of the latter, tenders the gratuitous use of his telephone for the purpose. He is highly gratified to be subsequently informed that the F. P. on his arrival dispensed the necessary medicine from his pocket-case. His medical friends, as a special concession, tolerate his keeping the ordinary patent-medicines with but a moderate amount of "kicking;" and though he may not personally advocate their use, he can not afford to dispense with his share of the trade; for although, unlike his alchemic ancestors, Bolus never hopes to discover an abundant source of gold, yet he finds a reasonable equivalent in national currency necessary to defray family expenses.

In the foregoing exaggerated picture of the pharmacist of the day it must be admitted there are a few grains of truth. That our profession does not rank in the dignified and elevated position to which it is entitled, is undeniable. To begin with, young men of education and ability see very little inducement in the weary hours and meager compensation which in the present comminuted state of the business we are able to offer, and when employed the routine drudgery is so excessive that no time is left for study, research, or investigation. This state of affairs is largely attributable to unlimited and unscrupulous competition, adventurers taking up the business without the least knowledge of it, but who are attracted by the popular fallacy that in it they can realize large fortunes from a small investment. We are gratified to believe, however, that the public are beginning to awake to the importance of purchasing their pharmaceutical supplies from those who can discriminate between active and inert qualities of drugs; who understand the combining affinities of potent remedies; have sufficient knowledge of toxicology to detect overdoses or dangerous combinations, should they occur; and last, but not least, a

conscientious sense of moral obligation in furnishing an article the quality of which can not be judged by the purchaser. The pseudo druggist, having none of these *professional* qualifications, seeks to compensate therefor by the purely *tradesman's* tactics of "cutting prices," frequently carrying it to a point below the cost of honest production, and thus, we regret to say, capturing some of the unthinking masses. Our legitimate pharmacist, though poor, is correspondingly honest, and has never learned that quinine can be dispensed from the cinchonidia-bottle, and that the expensive standard pharmaceutical preparations can be palmed off on afflicted humanity at two thirds their pharmacopeial strength.

"Competition is the life of trade," and so far as pharmacy can be regarded as a trade we do not shrink from honorable competition. But ours is not simply a trade, but a profession, and one for which, in justice to the public as well as ourselves, the laws should prescribe a standard of qualification. While the fitness of the writer of a prescription is examined into, the ability of the *dispenser*, from whose incompetency it may prove a ticket to that "bourne from whence no traveler returns," is left entirely to the judgment of the purchaser, who must rely to some extent on appearances and trust a good deal to Providence. In our efforts to elevate our profession in this State to the position it enjoys in European countries and to that already assigned it in several States of our Union, it is gratifying to know that the sympathies of the more intelligent portion of the community are with us, and particularly of that class who are best able to judge of the need—the physicians; and if our pharmacy bill in the present legislature is pocketed by a chairman of assembly committee, who, being a notorious manufacturer of nostrums, can not be expected to favor any elevated standard of pharmacy, our motto must be "*nil desperandum*."

# THE AMERICAN PRACTITIONER.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ON OVARIOTOMY.\*

BY THOS. KEITH, ESQR., M.D., F.R.C.S.E.

In a period extending over more than fourteen years the mortality in my two hundred and thirty ovariectomies done without antiseptics was 145, or nearly one in seven. In the five years immediately preceding the use of the spray the mor-

\*While in Edinburgh last summer I had the extreme good fortune to see much of Dr. Keith and witness him do several ovariectomies. The unequalled success attained by Dr. Keith in this department of surgery naturally gives a value to his experience, his methods, and his utterances which can not be overestimated. My endeavor was to learn as much of these as I could. That this might be done with the smallest expense of time and trouble to Dr. Keith, I had a stenographer take down such questions as I put and the answers Dr. K. made to them. The colloquial style of the paper is thus explained. In order to save space and the reader's time I have in this publication omitted the questions. The omission can be of no real importance, however, since Dr. Keith's words will suggest the questions which they were intended to answer.

It is proper to state that the paper has not had the benefit of Dr. Keith's revision. But as containing the latest utterances of the great Scotch ovariectomist, I am sure it will be regarded as a most valuable contribution to the subject of which it treats.—D. W. VANDELL.

tality was but one in ten and a half, while in the last of those five years—the year before I began the use of the spray—there was but one death in twenty-one cases. So you see the mortality was steadily diminishing during all that time. Immediately after I began to use the spray I had two deaths almost at once—both very bad cases. In the first eight under antiseptics there were these two deaths, and then there was a run of eighty without a death. But you must remember the solutions used at first were not very strong. As we went on and got to operating in the hospital we began to use them strong.

At first our greatest success was with the weak solutions. Toward the end we got to using the regular solution we use in every thing—the five-per-cent solution. I had not used this very long when I began to notice that the cases went on quite differently from what they had done before. The night after the operation we had very often high temperature— $104^{\circ}$ ,  $105^{\circ}$ ,  $106^{\circ}$ , and once  $107^{\circ}$ . We had never had any thing like that without antiseptics. In the entire two hundred and thirty cases I have referred to, in only two did the temperature rise to  $103^{\circ}$  the first night, and it never went to  $104^{\circ}$ ,  $105^{\circ}$ , or  $107^{\circ}$ . I noticed the difference and wondered how it could be. I did not then think it was the absorption of the carbolic acid that did it, but I know now that it was. It was after seeing a paper by Bantock that that occurred to me. When I began operating in the theater at the infirmary I used the solutions strong (Lister's strength), and frequently we had high temperatures in simple cases. In the first case, which was a simple case without adhesions, the temperature rose to  $105^{\circ}$  the first night. This was clearly traceable to the absorption of the carbolic acid. Then we began to have this rise frequently; so that there was a sort of general order left with the nurses to put on the ice-bag when the temperature rose to  $103^{\circ}$ , and often on the first morning after operation when I came in the ice-bag would be on. We had never had occasion to do this before. I recollect a nurse who had nursed about two hundred cases had a patient one day with a high temperature, and I sent along some ice and an ice-bag, and



she returned word that she did not know how to use them. I had forgotten that she had never had to do with a high temperature. There is no doubt the carbolic acid raised the temperature the first night.

My belief in the spray was very much shaken in the course of the session before last. I had a death from acute septicemia in a healthy woman who I am certain would have got well if I had treated her by drainage without antiseptics. During the time I used the spray I had not drained as often as before, though I still drained in the bad cases. I never once lost faith in drainage. Before antiseptics when there was a doubt I drained, but with the spray I trusted this to keep every thing sweet, and often omitted to drain. I did n't drain this woman. There was a good deal of adhesion down behind the pubes and uterus. About twenty ligatures were used, yet I did n't drain, and she died right off from acute septicemia.

Almost the very next case was one in which I could n't stop the bleeding. The tumor was attached to the inside of the ribs—a bad case of adhesion. Here I drained. The woman went on for thirty or thirty-five hours with a rapid pulse, high temperature, and constant vomiting. An immense quantity of red serum and blood had come from the abdomen. Toward morning of the second night she began to improve. It was a clear fight between drainage and septicemia. I am certain the spray did n't help us one bit. The patient would inevitably have gone wrong without the drainage. We compared the two cases afterward, and the reports were almost word for word the same for thirty hours—the temperature and pulse exactly the same; but the one was drained and the other was not. One died; the other recovered. Both operations were done with every possible care; indeed we were especially particular. Nor were they done in the theater, but in a small room. So I do not think there could be any fault in the way the spray was managed. These things shook my faith in it very much, and at the end of last year after having two deaths in quick succession I gave it up altogether in my ovariectomies.

After the very first death from blood-poisoning I began to use the stronger solutions; put the sponges in a one-in-twenty solution—a tremendous strength. Then, operating in the theater, with the students going out and in, there was a constant rush of cold air, and the spray, which used to do quite well at ten or twelve feet, had to be placed within two feet of the woman. The first four cases done in the theater at the beginning of last session had hemorrhage from the kidney, and two of them died. I never had had any thing like that before. It was purely carbolic-acid poisoning; of that I have no doubt whatever. The women who died of it went off quite differently from the other cases. They did n't swell up in the way the other cases did; they did n't have sickness and refuse their food; but on the third day there was hemorrhage from the kidneys. One died—evidently an intense case of carbolic poisoning—and one had convulsions. That settled the thing for me.

I need hardly tell you how carbolic acid affected me in my own person, further than to say it poisoned me too. But I went on for eighteen months or two years; just so long as the patients did n't suffer I worked away, and tried to get through the operation faster; put on the steam; got a big aspirator; did every thing to shorten time. For a long while I did n't ascribe the hemorrhage from my own kidneys to carbolic acid. But I finally began to suspect it. It was Bantock who first called my attention also to this ugly effect of the acid. I was repeatedly ill from it. I had no operations with the spray in the last half of December last year, and I had none in January and February of this year. I had one at the end of March, by which time I was getting pretty well over my former hemorrhages. I was as bad as ever after the operation, and the patient did not recover well. Ever since that I have stopped the spray altogether, as I said, in ovariectomy.

Practically, I have not used antiseptics since, in the proper sense of the word, in my ovariectomies. Sometimes I do use very weak carbolic solutions, but not as spray; at other times I use water alone.

I doubt very much whether the spray is of any use whatever in the operation of ovariectomy.

I do not think I will adopt any of the new antiseptics, as the eucalyptus, etc.

The difference in the percentage of deaths with and without the spray can not at this time be estimated, for so far we have had no death since we quit the spray. Not counting the case you saw me do today, I have had twenty-six cases since March \* without antiseptics—at any rate without the spray—and without a death. Add now to these the twenty-six cases before I began the antiseptics, with but one death, and you see I have had but a single death in a total of fifty-two cases done without antiseptics. And you must bear in mind—for it is an important point—that thirteen of these cases were done in the hospital, where septic no less than other dangers are at the maximum.

Since I gave up the spray I have not had any high temperatures—never any thing like  $103^{\circ}$  in any case; seldom indeed has the temperature gone above  $100^{\circ}$ . The nurses were astonished at it not rising. I have put an ice-bag on but once since I quit the spray.

I keep the sponges warm. Of course I disinfect them in carbolic acid. After the first wash in soda and hot water they are put into a one-in-twenty solution just before the operation. This is then washed out and they are put into a solution of one in forty or sixty. Sometimes, however, it should be said, I put them in hot water alone.

I use ligatures of silk and catgut—catgut for simple things. When I tie the pedicle it is always with silk. I do not like to do it with catgut. I prepare my own catgut, because in getting it from the makers it is often rotten.

For the external wound I use silk for the deep sutures and horsehair for the superficial sutures. I close the wound as perfectly as I can—as close as if it were a wound on the face. I do not look at it for a week generally. It is then healed.

\* Since this was written I think Dr. Keith has done twelve other ovariectomies without a death.—D. W. Y.

I cover it with carbolyzed gauze, softened with glycerin, about one in eight, and over that a layer of cotton wool and a flannel bandage.

I drain more cases now than when I operated under antiseptics. I became just a little timid, because it was an awkward thing giving up the spray. There is no doubt I trusted the spray would keep every thing sweet, and my assistants used to tell me that I was not operating so well and was not so careful—doing things in a more slovenly way.

I drain where the adhesions are extensive and where the abdomen will not dry. In some women the abdomen will dry without trouble; in others there is a constant oozing going on; and when you can not stop the bleeding, when your sponges are constantly coming up with blood, you must work away with the sponges and strive to remove every particle of moisture. Tie every thing; stop the bleeding and leave the abdomen dry; and when you can't leave it dry, put in a drain. Of course this applies to bad cases only; and you will not get bad cases well without draining.

I put the drainage-tube through the abdominal wall. It is a small, straight glass tube, adapted to the depth of the pelvis. You must see that it does not press injuriously on the rectum. I feel how it is lying on the rectum, and if it is making pressure I shift it up a little bit. I cover it with a sponge and wrap that in an india-rubber cloth for cleanliness. Doing this way you may often drain for a week and not a drop escape on the dressing or the dress, it being all collected in the sponge.

I examine usually within four or five hours to see if any thing is on the sponge. When I began draining it was a new thing, and I used to go every three hours or so and remove what I could from the pelvis. That I know now was oftener than was necessary.

When the stuff will not run out itself I get it out by putting a syringe in the tube and sucking it out. I change the sponge night and morning.

I am not sure but in draining it is a good plan to make the



change under the spray, because with the sweating and flatus there must be a nasty air about the parts; so I think, on the whole, it is better to change under the spray though the operation has not been done under the spray. In the old days I drained ten years without the spray; but I found when I kept the tube going a week it was almost always, but not always putrid. I remember a case where I drained a sarcomatous tumor in a girl who had a double pleurisy. I drained off one hundred and twenty-six ounces without the spray or any thing, and for fourteen days that stuff remained perfectly pure and sweet till I took out the tube. I used just ordinary sponges; nothing else. In four or five days in most cases the tube without some antiseptic would become putrid. But any thing putrid does n't matter in ovariectomy after forty-eight hours.

I formerly kept the drainage-tube in six days or a week, till the serum got quite sweet and pure; but now I take it out generally within forty-eight hours. If the amount comes down to a dram or two I don't mind taking the tube out, and that without any kind of precautions. After all, though, you must be governed by the quantity that comes.

The most I ever got out by drainage in any one case was two hundred and forty-seven ounces. I got upward of one hundred ounces in another case, and I have frequently gotten forty and sixty ounces. The ordinary quantity is from six to ten ounces. That is got twice a day, night and morning—most of it on the sponge; but sometimes you do not get any thing out on the sponge. Sometimes where there has been bleeding every drop you take out from the pelvis will be almost pure blood. In one of my cases it amounted to twenty or thirty ounces. Nothing whatever came on the sponge. It is occasionally a sort of sirupy stuff. The patient from whom I got the two hundred and forty-seven ounces I drained for fourteen days. It was a case of burst colloid cyst.

The operation being over, I give the patient a little hypodermic morphia immediately when put into bed. It prevents vomiting and keeps her quiet. I give perhaps one sixth or one

fifth or one fourth of a grain, the amount depending on the patient. I give it after the operation and usually again the first night. Indeed I almost always repeat it the first night. It helps the patient to pass the time and enables the nurse to get a rest. In the old days the nurse never got to bed the first night, but sat holding a basin for the chloroform vomiting. Since we took to using ether we have almost no vomiting.

As to food and drink, I give almost nothing the first afternoon. First I give a teaspoonful of water; not iced. A few patients like ice, but I prefer giving every thing hot—almost scalding hot—especially hot water. When there is sick stomach very hot things will often stop the sickness. For the first five or six or eight hours it is better to give the stomach nothing, and during the first night nothing but fluids. If the patient be very thirsty, give liquids, but in small quantities only, lest her stomach do not absorb them and vomiting result.

As regards giving food, we have a sort of rule of thumb—not till flatus has passed. We generally begin with a little tea or gruel; but for the first two or three days patients do not care for much food. If they are weak, give brandy. They may have a little milk, or soda-water and milk, or milk and lime-water. They will not take much. My patients get solid food very sparingly until after the first week, and in many instances not then. Bad cases are better without it till later. I have seen a mouthful of solid food put cases wrong. What goes on after a bad case, where there is a lot of clots and ligatures in the abdomen, is absorption from the abdomen. The third case I operated on twenty years ago died in twenty-three hours, and there was not a particle of blood to be found when we examined the woman immediately after death; it had been absorbed.

We keep the patients warm, put hot bottles about them, and try and get them to perspire a little; keep them perfectly quiet, especially the first day or two, and allow nobody in the room but the nurse.

I secure the action of the bowels by castor-oil. Don't tell patients they are to get it. If you tell them at night that they

are to have a dose of oil in the morning it spoils their rest, and they say they can't take it. Just take it to them and say "take this."

We don't allow them to get out of bed under a fortnight. We let them sit up in a week or ten days, the time depending on the state of the wound.

We remove the stitches in a week or ten days.

If my patients vomit I just let them vomit. If it is bilious vomiting it will go on till the stuff is all off. If it is septic you can do nothing. If the stuff vomited is sour, give soda or fluid magnesia in a little water. The great mass of cases do not vomit at all. There has been an immense improvement as regards vomiting since we gave up chloroform. Since we took to ether patients will sometimes vomit during the operation and thereby rid the stomach of nasty stuff. But we no longer have the vomit of chloroform—a vomit which was so constant that the nurse regularly stood by the bedside with a basin in her hand to catch the vomit. It is true, patients sometimes vomit when they come out from ether, but it is n't that horrid vomiting going on all the first night and all the next day we formerly had. Nor do I mind vomiting so much now as I used to do, especially when I have a drainage-tube in. I rather like it in that case, because it helps empty any fluids that accumulate.

I do not use the catheter if I can help it. I very seldom use it because after two or three introductions it gets putrid, even if you keep it lying in carbolic acid. It is a mistake, I think, to use it at all if you can possibly avoid it. I have patients practice the use of the bed-pan before the operation; it helps their comfort very much, and is a great saving of trouble. You must take the nurse a good deal into account, and make it as easy to her as you can.

I make no other pressure on the abdomen than that made by the bandage. Sometimes where I have not been able to stop hemorrhage I make the pressure strong for an hour or two.

I have never applied ice to the abdomen. I do not see any good in putting on ice. Some patients like ice to suck, but as

a rule I give very little ice any way. Hot water soothes and stops sickness; and then it helps the skin; and it helps absorption. I keep the patient warm if I can. If you give a patient much ice or put it on her head it keeps down perspiration. I don't think I used five pounds of ice in my two hundred and thirty cases before antiseptics; but when I began antiseptics I had very soon to use ice on account of high temperature; but now that I have abandoned antiseptics I no longer have need of ice. Still I should use it now if the temperature went up. I never used it for pyrexia, as they do in London, because I found I did not operate on such healthy women as they do there.

After having once closed it I have never had occasion to open the abdomen, either for hemorrhage or to syringe it. I have several times opened it from below, between the uterus and the rectum, to let out serum; but that was before the drainage days. I had frequently to puncture behind the uterus to get out serum. It was the red serum which killed. When the patient died we were certain to find a lot of this red serum in the pelvis. I was always poking about in this locality. I got into the way of taking the bearings of the uterus immediately after the operation; learned how the cervix was; and I learned that whenever there was much accumulation of stuff in the pelvis the cervix would be found moved away toward the pubis.

You are perfectly safe to put in a needle in such cases. I have often done so and got out red serum; but since the drainage I have needed nothing of the sort, unless there are specially bad symptoms. We never have now those cases of suppuration in the pelvis which we had before we began to drain. We had lots of them where the patient started off with a high temperature. The suppuration didn't often kill them. I don't know why; but they went on and had fever, and by the fourteenth or fifteenth day there would be an escape of pus from the rectum. I am certain they were sometimes saved by puncturing early and letting out this red serum. But with drainage and greater care we do n't need to puncture now.

I did once open up an abdomen. A patient took acute sep-



ticemia a week after the operation. The temperature rose to  $104^{\circ}$ ,  $105^{\circ}$ , and  $106^{\circ}$ , and in twenty-four or thirty hours she was away down to a skeleton. You see the flesh going off patients in that state at almost every visit. A thorough examination satisfied me that there was no fluid in the pelvis. There had been great adhesions. The woman had a dry tongue, distended stomach, and was sick. I took a few of the stitches out of the wound and put in my finger and felt all about, thinking I might come upon some collection. I broke up some adhesions to the surface of the intestines. My finger came out bringing some putrid stuff. I examined the abdomen—every thing—with my finger. The only bit I did not examine was on the left side, where there had been no adhesions. I thought just after I had done harm by all this poking, but in the course of the night a teacupful of stinking serum came out from the wound. It came from the part where there had been no adhesion, and its escape saved the woman. Without it had escaped I do believe she would have died.

I don't know what to do when septicemia sets in. You may do any thing you like. If the patient is some days or a week on, and bad symptoms come, she will sometimes get well.

I can give no special directions or information as regards diagnosis. Every man must make it for himself. There are no rules which cover all cases.

I have encountered tumors that I could not remove. But it takes a great deal to make me stop now when I am fairly begun; but every now and then I meet with a tumor I can not take out. I have almost always found such tumors malignant, and generally it happens that as soon as you open the abdomen you can see by the way the tumor runs into the tissues that there is no use trying to get it out. In case of a malignant tumor you just shut up the abdomen the best way you can. I have not shut up any for a good while, but such cases must happen sometimes in spite of all the care you take. The worst cases—cases where I have been once or twice completely beaten—are those associated with pregnancy. I was

once completely beaten where the cyst was so adherent that I could make neither head nor tail of it. I simply left it and drained, and in spite of it all the woman recovered. I have also done the same thing in three or four cases where I was certain beforehand I could not get the tumor out. Three of them were drained—at least the first two—and all happened within a fortnight. One was a splendid woman, whose business was to look after Italian refugees, and she had what was supposed to be a fibrous tumor. It grew, and she was dying. When first seen she was blue, vomiting, and had diarrhea. About two gallons of putrid stuff were got out. The cyst was so adherent to the rectum and pelvis that I knew I need not try to take it out. After a week or two she improved a little. The stuff re-collected, and I again made an incision five or six inches long, just as if for operation, turned out a lot of hair and bone, washed out the cavity with chloride of zinc, dried it as thoroughly as I could, and left it to suppurate. Contrary to my expectations, it suppurated but little, and the woman got well. Two or three others whom I treated in that way got well.

The old way of draining in such cases used to fail because the opening was not free enough. The operator was content to put in a tube and leave it there, but he omitted to make a free incision and leave the wound open. Of course you understand that this implies that the cyst is tremendously adherent to the abdominal walls, and is especially true of cases where the great adhesion is in the pelvis and you are obliged to leave the operation unfinished.

The length of the incision is determined by the softness or hardness of the tumor. I make an incision as small as I think I can do with, and never a big one if I can help it. Yet the incision should always be long enough to let in your hand. Formerly I hampered myself by too small an incision. You may, I admit, break down a semi-solid tumor and get it through a small opening, but it is far better to make a sufficient incision. You work with far more ease to yourself, and where there is much adhesion a free opening is absolutely indispensable.

With regard to the time for the operation in the early days we didn't advise an operation till the patient was pretty far through—till it came to be a matter of necessity—and throughout all this time we had very bad cases and extensive adhesions; but now when a patient has a tumor I always say if it is to come out better have it out without loss of time.

The convalescence depends on the strength of patients at the time of the operation. If strong and healthy they are well in a week and going about in a fortnight; but if a woman has a sixty- or eighty-pound tumor, requiring an operation of an hour or two, and there be lots of blood lost and much adhesion, and she has been tapped and weakened, she will not convalesce quickly; not under a month or six weeks.

I tap a great deal. I like it. I never saw any harm from it when properly done; but I constantly see mischief from the effects of bad tapping. In tapping I use the aspirator you saw used today. You may use any needle with the No. 6 or No. 8 catheter, because the stop-cock is the size of a No. 8 catheter. But the smaller the needle is the better, because the greatest risk in tapping, I think, is hemorrhage.

I often tap to gain time if the legs are swollen; and then I frequently tap a small cyst, because a good many small cysts do not refill. I am not speaking of cysts of the broad ligament; but I have had a good many patients—perhaps a dozen—with small cysts—cured by tapping. There was a young lady whom I went to tap. The family wanted the tumor out. I said no, I would tap it; and I took out about sixty ounces of jelly, and she got perfectly well.

Through the aspirator the stuff will run almost as thick as putty. You can even bring the fat out of a dermoid cyst.

I have seen cases where tapping gave a little trouble, but I never saw death from it except once, and that was in a cyst of the uterus. The woman did well enough, though I handled the cyst a good deal the first day or two. She finally got well and went to Glasgow, but a week or two afterward she had acute in-

flammation of the cyst. The physicians wrote asking what was to be done. I said, either tap the thing or have it out. She was tapped, and she died.

I have never injected any fluid into the cyst after tapping. The less you do that the better, I think. In fact, these cysts are ticklish things to meddle with. I tap a great deal, and with the aspirator I see no harm from it. I sometimes aspirate when I am not sure what the fluid is. I just put in a small exploratory aspirator. If I get thin fluid I empty with a fine needle; if I get thick fluid I use a larger needle. The smaller the needle the better, because, as I said, the danger comes from hemorrhage. I constantly see this: Patients are tapped in the country. The tapping is imperfect. The stuff is n't gotten out. The cyst is not adherent. Some of my very worst operations have been after imperfect tapping. The patient has been weakened. Something got into the peritoneum at the time, and when you come to take the tumor out it is just next to impossible. Adhesions come from imperfect tapping. Doctors are constantly tapping the wrong things—semi-solid tumors.

I am very careful to prevent the fluid of the cyst getting into the abdomen. It may do and sometimes does no harm, but it is a mistake to allow it, as well as being unsurgical. But the cyst may contain septic fluid if it has been often tapped; you can't tell beforehand. The stuff may be swarming with bacteria—putrid. When a cyst bursts some patients take it quite quietly; others it kills right off. The accident that you saw happen in the infirmary yesterday of the cyst bursting during the operation never happened to me but once before, and curiously enough in the same room. It came from putting just a little more force on a cyst than it would bear.

Occasionally in operating I empty cysts by the aspirator, because they are sometimes so thin that if you put in the trocar they burst.

Sometimes I detach the adhesions before and sometimes after I empty the sac. If there are bad adhesions in front it is a very difficult thing to say which you had better do. If the adhesions



are below I put in my hand and arm and endeavor to break them up. You must be guided by circumstances. If possible I like to see the adhesions—get a full view of them. I do n't put much force on.

The worst adhesions are to the under surface of the liver and right lumbar region, which I think happens in this wise: If the patient has an attack of peritonitis she almost always lies on the right side, and all inflammatory stuff gravitates down there, and thus you come to have the worst adhesions at that point and the most dangerous to deal with. The mesentery is a very nasty place for adhesions.

After tying adhesions to arrest hemorrhage I clip off the ligatures. I do not like to leave long strings about if I can help it. Sometimes you do the one way and sometimes the other—you can't give any rule for doing a thing one way one day and a different way another day. There are almost always two or more ways of getting at the same end.

Each case, after all, has to be a law unto itself. It is a great matter before the operation to make a little plan of what you are going to do. Syme used to think a great deal about his cases, and it is a good plan to turn the case over in your head for a day or two before you operate.

As a rule I cauterize the pedicle. But for the last year I have been using silk ligatures a little. The cautery is a pretty thing, I think. You leave no foreign body in; you are certain to have no bleeding and that the parts will slough and give no irritation. In a case like that today, where I intended when I set out to cauterize and did n't, it was because I found two pedicles and got a lot of bleeding deep down in the pelvis. For after a pedicle is cauterized you mustn't touch it much or sponge it much; and knowing that my hands would of necessity be down about the burnt piece while endeavoring to stop the bleeding and cauterize the second pedicle, I just used the ligature instead.

I like the cautery. It has treated me well. Really, I may say that with it the pedicle almost never bleeds; sometimes, but

very, very rarely. The pressure with the clamp must be as even as you can make it. That you do by pulling the pedicle out and in the clamp. Brown's clamp is narrow at the far end, and if the pressure is not even you may be certain there will be bleeding at the wide end. Then in the bit where the vessels are you must burn slow with dull red heat. You may go through the thick piece quickly, but when dealing with the thin piece you must be very gentle with the heat. You must give your mind to drying the bit between the blades. You require to make the blades of the clamp hot so as to dry the tissue which they compress. Give your mind to that. The whole matter of clamp and cautery is a sort of combined forceps-pressure and cautery; it is not cautery alone. Nor will pressure do alone, because pressure by itself will not dry the thing; but when to the pressure you add the cautery the stump goes in almost like a piece of horn, perfectly dry, and no blood can be given out.

I do n't know what the critical days are. If the patient gets over twenty-four hours and is well, I am pretty easy. In acute septicemia the mischief begins in from fourteen to sixteen hours as septic peritonitis. When twenty-four hours are over, and the patient's pulse is going down, and she is not sick, and is looking nice, I am pretty easy, especially if flatus has passed. Still, patients sometimes die after that time. There is always an exception. You think matters are all right, and then something comes and upsets your calculation. Then you will sometimes have a death from an obstructed intestine.

I have used the perchloride of iron occasionally to arrest hemorrhage, and occasionally I use the cautery for the same purpose; but I tie every bleeding thing I can with fine catgut. Oozing points do not require to be stopped long. If you stop the bleeding half an hour, that is all you want. The catgut answers every purpose, only you can not take in a great amount of tissue with it. You can take in three times the amount with a silk ligature that you can with catgut; hence it is a saving of time to use silk where the masses you have to tie are large. Always tie the vessels carefully; then always sponge thor-

oughly. The man who does these things as they should be done must be a surgeon and must be doing a lot of surgical work. It is not the midwifery men that will be successful. One must be always at it. A bad ovariectomy will try you more than any operation in surgery, because you must work at such a rate to get through a certain amount of work in a given time. When the operation goes beyond an hour and a half, every five minutes lessens the patient's chance; and when you have fifty or sixty vessels to tie, and many of these difficult to get at, and a lot of sponging and trouble, ovariectomy must be your daily work if you are to do it well. The simple cases, the *ordinary thing*, any body can do.

As regards the second of the points just mentioned, be sure and clean the entire abdomen and all the vessels about it, and notice with special care the parts between the bladder and the uterus—parts so constantly filled with red serum—always looking into that corner, for the reason that if any thing remains it is sure to be found there.

I use the reflector for the purpose of looking in upon the parts. I don't know any one who uses that except myself. Yet it is an enormous assistance. It enables you to see the bleeding point at once. What a mess I would have had today and what uncertainty in closing that wound without it.

So far as the mere operative work and management of ovariectomy goes, I should say that the essentials of success were strict attention to detail—perfect cleanliness—perfect nursing—perfect quiet, and unremitting care, such as all severe operations in surgery really demand. Stop the bleeding; no matter if your patient is almost dead, stop the bleeding, if this be possible; and when you can't stop it put in a drainage-tube. Dry the abdomen as thoroughly as you can, and when you can't leave it dry put in a drainage-tube. Finally, be gentle with every thing.

I do not go in much for fibroids, for they do not kill. A fibroid is n't like an ovarian tumor. The operation of taking

out fibroids is now in the same position that ovariectomy was twenty years ago, though some say otherwise. I think the fibroids that should be removed are the rapidly-growing ones in young women.

I think fibrous cysts should be taken out as soon as you can; but you can not always remove them. I have done nine in all. Fibroids are five times as common as ovarian tumors. I may have seen a couple of thousand. In nineteen cases out of twenty it is simply a matter of inconvenience and waiting until the menstrual period is past. But when you get a woman under thirty with a big fibrous tumor of the uterus say of forty or fifty pounds I think that you should take it out if you can; but unfortunately you can't always do it; it may have grown away down and fixed itself in the pelvis and be adherent every where. Still, some of these cases should be attempted. Women rarely die from fibrous tumors of the uterus. I have seen only two. I never meddle with the pediculated fibroids—fibroids growing off the fundus—because they do n't kill. You subject a woman to great risk the moment you begin to meddle with a fibrous tumor of her uterus. If there were no other risk, that of hemorrhage alone is something fearful.

In the way of internal treatment I think ergot is a great help in fibroids. I make the patients live a quiet life and avoid stuffing themselves with wine and meat; live under the mark, as it were—getting just what they need and no more. By doing that I have seen hundreds of them pass the menopause and get all right; whereas if they had lived differently, had used meat and wine, I do n't believe they would have done so well or got through it so quietly. Of the nine I mentioned eight got well and one died, death I am certain being from carbolic poisoning. These were all cases of large tumors and removed at the vaginal junction along with the ovaries.

There are far too many operations for fibroids just now. The operation has come to be a fashion. I think Verneuil was right when he said that a woman in these days with a tumor in her abdomen has little chance to escape being explored. As a



rule, the cases that do well by operation are the ones where it is not necessary.

As to the operation itself on fibroids, it is identical with ovariectomy as regards care and precaution, though it is a far more deadly thing, besides being an awkward thing to do. I do not like taking out a fibroid tumor, because there is the broad ligament and all that. Five of my cases were done without antiseptics, and all got well. Of the four done under the spray, one, as I have said, died from carbolic poisoning. The kidneys gave out, and the patient got into acute mania.

I have had no experience in extirpation of the uterus for malignant disease, and I don't think I ever will have any. You don't get such cases in time, and even though you did the disease will come back.

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## ACUTE HYPERESTHESIA OF THE PERITONEUM, EITHER CIRCUMSCRIBED OR DIFFUSED, FOLLOWING MINOR GYNECOLOGICAL OPERATIONS AND MANIPULATIONS.\*

BY SAMUEL C. BUSEY, M.D., WASHINGTON, D. C.

The following report represents the type of a class of cases occasionally occurring in females, of which the predominant clinical feature is pain and tenderness diffused over the entire area of the abdomen, unaccompanied with the other usual symptoms of inflammation:

Mrs. . . . had during a series of years suffered at varying intervals with dysmenorrhea, due mainly to ante flexion of the womb. At several preceding menstrual periods her suffering had been intense and seemed to increase at each succeeding menstruation. A week previous to the expected period, in Janu-

\* Read before American Gynecological Society, 1881.

ary, 1881, a very small laminaria tent had been introduced and permitted to remain until expansion was complete. The following period was painless. The February period was passed without the preparatory dilatation and her suffering was quite as intense as at any time before. On Thursday, March 9, one week previous to the expected menstruation, I introduced without difficulty a laminaria tent about the size of an ordinary metallic knitting-needle. Soon after leaving the house the pain began and rapidly increased in intensity, reaching in about forty minutes, when the tent was withdrawn by her husband, a degree of agony never before experienced. The pain began in the womb and was speedily diffused over the entire area of the abdomen. The sensitiveness was so acute that the weight of the bed-clothing could not be borne. Every jar of the bedstead or of the floor of the apartment increased her suffering. Coldness of the extremities, pallor of the face, nausea and vomiting, and vesical irritability took place apparently simultaneously with the hyperesthetic phenomena. A twenty-drop dose of chlorodyne was given and a messenger dispatched for me. I did not, however, reach her bedside until three hours later, and in the meantime a second dose of the anodyne had been administered.

I found her pale, with an expression indicating suffering. Her pulse was feeble, small, and irregular; tongue slightly coated; some nausea; abdomen retracted. The pain though greatly lessened was felt over the entire abdomen, but most acute in the middle hypogastrium. The abdomen, as she lay with lower limbs straightened out, was so tender that no examination could be made. Tympanitis and fever were absent. Ordered hot fomentations to the abdomen, continuance of the chlorodyne as might be necessary, rest, and a bland diet. The next day she was quite relieved, a slight feeling of soreness in the middle hypogastrium only remaining. She continued to improve, and on Sunday afternoon the flow began painlessly. This period was freer from suffering than any during the previous six months, excepting the one in January.

As previously stated, a similar clinical picture has been several times witnessed, perhaps always following some minor gynecological operation or manipulation. What is the pathological condition?

The absence of fever, tympanitis, and effusion exclude inflammation. It is true latent inflammatory processes take place in serous membranes, and post-mortem appearances, not infrequently observed by experienced pathologists, are ascribed to inflammation when the clinical history failed to supply the usual and characteristic symptoms. In such cases, adhesions, exudation, or thickening of the membrane is found.

Dr. Emmet has recently called attention to a septic form of peritonitis (*Amer. Jour. Obst.*, vol. 4, p. 123) without characteristic symptoms, and expressed the opinion that the "more malignant form the peritonitis, the more certain would every characteristic sign be absent." Jacobi has observed a "number of fatal cases of peritonitis, varying through almost every age, with very little elevation of temperature almost up to the last moment of life."

It is true also that inflammatory effusion may take place in the peritoneal cavity and be attended by only such symptoms as may be due to the presence or accumulation of the exudate. The course and type of these modified forms of peritonitis are, however, entirely different from the cases of intensely acute and evanescent suffering, characterized by agonizing pain and exquisite tenderness, either circumscribed or diffused over the entire area of peritoneal expansion. If inflammation is excluded, would not the freedom from fever, rapid subsidence of symptoms, and absence of consequent conditions bar the hypothesis of simple inflammatory hyperemia? Or is it possible that the prompt use of the narcotic and hot fomentations abort the inflammatory process in its initial stage before the symptomatic fever is developed? It may be (and I am not prepared either to deny or affirm it) that local elevation of temperature does occur. If so, it is not complained of by the patient. If present, it, together with the other signs, would presumptively

establish the condition of inflammatory hyperemia, and as conclusively prove the value of the abortive treatment. The theory of inflammation is, however, unsatisfactory, and in the above case would prove too much, inasmuch as it would attribute the cure to the efficacy of a moderate and evanescent narcotic, and pretermite the more logical conclusion that the speedy relief was due to the prompt removal of the cause. If the withdrawal of the tent was, in fact, the remedy, then the assemblage of symptoms was manifestly a neurosis, finding its explanation in the excessive sensibility of the peripheric endings of the sympathetic nerve supplying the part irritated, and in the morbidly heightened excitability of the receptive nerve centers, which was so great as to produce reflexibly the gastric, cardiac, and vasomotor disturbances.

The tent was the exciting cause, and the focus of irritation was located along the cervico-uterine canal. Upon this hypothesis all the symptoms may be explained. The relation of cause and effects may be traced as follows: The pallor and coldness was due to irritation of the vas-motor center, the gastric and cardiac disturbance to irritation of the pneumogastric center, and the diffused pain and tenderness to irritation of the sensory fibers of the sympathetic supplying the peritoneum. It is not improbable, however, that this exaltation of sensibility may have had its cause in the probably existing passive hyperemia of the peritoneal capillaries, the natural result of the emptiness of the superficial integumentary capillaries.

The condition described exhibits a marked resemblance to that assemblage of nervous perturbations recognized as shock, or, perhaps, the lesser disturbance of the nervous equilibrium known as collapse; but the suddenness and acuteness of pain, though not absolutely conclusive, ought to preclude such interpretation of the phenomena, unless it can be shown that a transitory first stage is quickly succeeded by reaction, marked by the initial symptom of pain.

I submit this report, with the accompanying suggestions, to the deliberation and criticism of the Fellows, and will realize my



purpose completely if I succeed in eliciting the opinions and comments of my distinguished colleagues. The clinical picture presented represents, probably, an observation of unusual intensity; but the gradations of suffering, varying from an aggravated to milder forms, sometimes barely sufficiently marked to attract attention, so constantly threaten our confidence in the harmlessness of minor gynecological operations and manipulations, and for the time being disturb the equanimity and self-reliance of the most astute diagnostician, that I hold it a duty, at least to myself, to solicit the views of those Fellows whose experience and extensive observation entitle their opinions to preëminence in gynecological practice.

*Note.*—Pain may be excited at any part of the course of a sensory nerve, from center to periphery; the sensation, however, is always referred to the peripheral ending. (Law of eccentric perception.) As regards sensations of pain, it is worthy of notice that the sufferer is unable to locate it *accurately*. He succeeds best when the interference causing the pain acts upon a small peripheral area (e. g. prick of needle). When, however, the excitation occurs in the trunk of the nerve, or in the center, or in nerves whose endings are inaccessible (viscera), then there is non-localizable pain (e. g. colic). To *severe pain* is furthermore added that the phenomenon of *irradiation* easily shows itself, by which localization becomes impossible.

The *intensity* of pain depends in the first place upon the excitability of the sensory nerves, and in this respect there exist, upon the one hand, considerable individual fluctuations; upon the other we find some nerves (for example, trigeminus and splanchnic) distinguished by excessive sensibility over all others. The greater the number of nerve-fibers affected the greater the pain.—Landois, *Lehrbuch der Physiologie des Menschen*, p. 888.

*Irradiation.*—The conduction of *painful* sensations takes place through the posterior roots, and thence throughout the *entire gray substance*.

Inasmuch as conduction of pain takes place throughout the entire gray substance, and inasmuch as the excitation of pain

extends within the gray substance in direct proportion to the intensity of the painful interference, we find an explanation of the so-called *irradiation* of painful sensations. In violent pains, viz. the pain appears to *irradiate* from the point of origin over a greater territory; thus, for example, in violent toothache, originating from a certain tooth, pain irradiates at once over the entire maxillary region, even over the whole half of the head. (P. 714.)

To the irritations in the territory of the sensory nerves of the sympathetic belong the painful affection in the lower abdominal and sacral regions, called neuralgia, hypogastrica, hystericalgia, etc., which are localized in the several plexuses of the sympathetic. (P. 699.)

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## BROMINE TOPICALLY IN CHANCROIDS AND CHRONIC ULCERS.

BY J. L. ROBINSON, M.D.

Within the past few months I have had opportunity of testing bromine as a local application to chancroids and chronic ulcers associated with syphilis, as seen in the U. S. Marine Hospital in this city. The following is the formula used: R. Bromine, one part; water, three parts; bromide of potash, q. s. to make a solution. To be applied once daily by means of a mop made of cotton wool.

I subjoin a very brief report of a few of the cases treated:

CASE I. W. C., colored, chronic ulcer of two years' standing over the anterior middle third of the tibia. First seen April 1st, when the granulations were large, flabby, and raised, and the surrounding tissues excessively indurated. Applications of nitrate of silver and sulphate of copper were used daily for nearly a month without effecting any change in the character of the sore. May 1st I applied the bromine solution and continued it

daily. Each application was followed by oakum to the sore and a flannel roller to the limb. In two weeks the granulations came to a level with the surface and were of healthy aspect, the surrounding integuments grew soft and pliant, and cicatrization set in. Some weeks after the ulcer was reduced half its former size, and healed rapidly.

CASE II. C. H., colored, admitted June 30th, having a large ulcer of six months' standing, situated as in Case I and altogether of similar character. The bromine, oakum, and the roller were at once applied. Improvement was noticeable from the first day, and a speedy cure seems assured.

CASE III. S. H., white, admitted July 12th, with an ulcer of both legs just above the internal malleoli. Much the same appearance as in cases just described. The same treatment effected almost at once the most striking change, and in four weeks the patient was discharged cured.

CASE IV. A. L., colored, admitted July 2d, ulcer four square inches in size of six months' standing, situated just above the ankle on the inner side of the right leg, cup-shaped, covered with a greenish slough, and made offensive by a fetid ichorous discharge. The bromine, etc. quickly reduced the ulcer two thirds in size, besides converting it in all respects into a healthy sore which gives promise of uninterrupted and quick cure.

CASE V. J. L., white, admitted August 2d, with a large indolent ulcer of two years' standing immediately above the external malleolus of right leg. Numerous smaller ulcers existed in the region of both ankles. Bromine, oakum, and the flannel roller accomplished much the same results as in the previous cases.

Fifteen-grain doses of the iodide of potassium given three times daily made up the constitutional treatment in the foregoing cases, except in Case I, where cod-liver oil was deemed advisable.

I have also used the bromine in several cases where, after the operation of circumcision, inoculation of the entire raw surface had occurred, with equally good, I might even say with better results than in the leg-ulcers.

## FOREIGN CORRESPONDENCE.

*My Dear Yandell:*

LONDON, October 15, 1881.

In my last letter, which I was compelled to make somewhat shorter than usual, I endeavored to give you some account of the Congress and its doings. I also alluded to the opening of the British Medical Association meeting at Ryde. Since then further details of both meetings have been published in the *British Medical Journal*, and a brief résumé of these can hardly fail to interest your readers.

I think I may venture to repeat what I said before as to the result of the Congress, that my feeling was one of slight disappointment. Never before had such a wonderful assemblage of brilliant medical genius been brought together, and yet on reading the proceedings of the different sections it does not appear that any so very remarkable additions to our knowledge were made. However, be this as it may, the Congress was emphatically a success and a splendid one. I am proud to say that British hospitality showed itself true to its old traditions, and our visitors will carry away with them very pleasant memories of their visit to England.

Of course one of the greatest features of the Congress, if not the very greatest, was the presence of Professor Charcot, around whom an admiring circle was constantly gathered. His extremely interesting wax model of a woman, a patient for several years at the Salpêtrière, and suffering from ataxic affections of the joints, has been given by him to the Museum of St. Thomas's Hospital, where it can be seen and studied at leisure. This extraordinary disease of the joints has never before been described, nor indeed apparently has it been seen until Charcot drew attention to it; and we must conclude with Sir James Paget that "there are instances of a new disease which has lately for the first time appeared, or at least has lately become much more frequent than formerly it was." In the patient of whom the Professor exhibited a model the first symptoms of locomotor ataxy



appeared twenty years ago. Fifteen years ago the disease showed itself in the left knee, and walking became impossible. Four years ago the left shoulder-joint became affected, then the right shoulder-joint and the right hip, and ultimately the articulation of the right jaw. Post-mortem: Many lesions were found which were not suspected in life. For instance, there existed a fracture of the pelvic bone of the right side, which had not given rise to any appreciable symptoms. In this fracture consolidation had occurred on the inner side with considerable production of callus, while externally there was no consolidation and no callus. These lesions present all the character of ataxic lesions of the bones; that is to say, atrophy and erosion of the head of the bone, without the production of stalactites or the ordinary conditions of dry arthritis. Sections of the bone made by Dr. Blanchard show a widening of the Haversian canals as the chief pathological change. The head of the left femur has been completely absorbed down to the great trochanter, without any trace of inflammatory reaction. Further investigations on this subject are urgently needed. I may mention that there is at present in St. Mary's Hospital, London, a patient who is the subject of "Charcot's disease," but I have not yet had an opportunity of seeing the person.

Of all the addresses delivered before the Congress, none created a deeper impression than that given by Dr. Billings. His immense knowledge of medical literature enabled him to deal most successfully with this subject, and the agreeable style and elegant phraseology of his address excited great admiration. On the other hand, the address of Prof. Huxley on the Connection of Biological Science with Medicine fell rather flat. It is indeed not quite clear why Prof. Huxley was invited to address the Congress at all. He is certainly a qualified medical man, being a member of the College of Surgeons, but he has long ago entirely quitted all medical work. However, his address was completely devoid of novelty, being taken from some of his previous productions published under the title of "Critiques and Addresses," and characterized as usual by that dogmatic and absolute tone

which is his characteristic. No one is more intolerant of criticism or reply than the discoverer of "Bathybius Huxleyi," the modern sea-mare's nest, but before an enlightened audience his utterances are not received with the ecstasy with which the select mutual admiration society greets them.

Of course the address of M. Pasteur on Vaccination in Relation to Chicken Cholera and Splenic Fever excited great interest. Though the present direction of Professor Pasteur's investigations tends to the immediate benefit of farmers and agriculturists, the whole matter is intimately connected with human pathology, and indicates the quarter from which very shortly the most important discoveries in connection with medicine and surgery may be expected to come.

On the occasion of the unveiling of the statue of Harvey at Folkestone that patriarch of science, Professor Owen, availed himself of his address to make a vigorous attack on the anti-vivisection fanatics, in the course of which he completely exposed all their absurd misstatements and exaggerations, and showed how important had been the aid of vivisection as means of experiment in gradually perfecting some of the most important operations of surgery. It was a great pleasure to hear the venerable Professor's clear and distinct enunciation, and to see him carrying so, one might almost say jauntily, his more than threescore years and ten. The fanatics whose sentimental folly he ridiculed would not be worth the trouble of replying to were it not that their craze is unfortunately gaining a hold on an increasing number of persons, among whom are some of the influential and most cultured in the country.

The British Medical Association meeting this year was a great success. The choice of the town of Ryde was a very happy one, for that pleasant resort is easily accessible from all parts, and the climate and scenery of the Isle of Wight offer great inducements to all who can manage to leave home for a few days to assist at the important medical gathering. The president for the year was Mr. Benjamin Barrow, a surgeon of the Isle of Wight, very much respected throughout the south of

England for his high character and scientific knowledge. His address was somewhat of a general character, and dealt with a number of the medico-social topics of the day, such as consultation with homeopaths, the vaccination and vivisection questions, and the contagious-diseases acts. The homeopathic question was also gone into at some length by Mr. Jonathan Hutchinson and Dr. Bristowe in their respective addresses to the surgical and medical sections, and their views on the subject have raised again a storm of controversy, which had been gradually dying out since the squabble between Sir William Jenner and Dr. Quain came to an end.

Mr. Martin Coates, surgeon to the Salisbury Infirmary, was president of the surgical section, and took for the subject of his address a new operation devised by himself for the treatment of internal piles. His aim has been to contrive a cutting operation, that while avoiding the pain of strangulation, sloughing, burning, or crushing, would get rid of open wounds, and leave a simple linear incised wound, closed against irritation or poisoning by the septic contents of the intestine. The great feature of the operation is the use of Mr. Coates's clamp. It is made of well-tempered steel, and is seven inches in length, having at one end a simple hinge and at the other a sort of sugar-nipping fixing. The clamp proper is three inches in length, composed of parallel bars separated by a space of one eighth of an inch. At the part nearest the handle are two shoulders which prevent the blades from coming too near each other.

Our great naturalist Professor Darwin has brought out a very interesting work on *The Formation of Vegetable Mold through the Action of Worms, with Observations on their Habits*. He shows that earth-worms swallow earth for the purpose of extracting nutriment from the organic matter contained in it, but also that they swallow it in the process of burrowing and eject it from the intestine in the form of castings. It is by this habit of removing earth from a considerable depth and laying it on the surface that worms acquire the importance in the economy of nature which has led Mr. Darwin to devote a treatise to them.

"In many parts of England," writes the Professor, "a weight of more than ten tons of dry earth annually passes through their bodies and is brought to the surface in each acre of land. Apart from the importance of this process in agriculture, it is of great importance to the archæologist; for the heaping up of earth over objects not liable to decay preserves them from harm through countless generations. As Lord Bacon finely phrased it, "*Nunquam magis quam in minimis tota est natura*." There is a report, for the truth of which I can not vouch, that the Professor is about to commence a series of exhaustive experiments to discover what amount of nutriment is absorbed in the course of a year by an average *tenia solium*, and to show the use of this worm in the economy of nature.

The poor-law medical officers here are all up in arms. Dr. Mortimer Granville said in evidence before a select committee of the House of Commons that one third of the people at present confined in lunatic asylums in this country have no business there at all. In this sweeping assertion he included not only private asylums for the wealthier portion of the community, but also the county pauper asylums. Now before a pauper is admitted to an asylum he is examined by two poor-law officers separately. Each of these officers makes a statement on oath before the magistrate as to the state of the man's mind. So that if we are to believe Dr. Granville, either the poor-law medical officers do not know the difference between sane and insane, or, knowing the difference, they are guilty of the crime of consigning to these "prisons for the innocent" a large number of people who are in possession of *mens sana in corpore sano*.

The British Medical Journal of last week has an interesting article on the obligations of medical men as regards secrecy. The case upon which the question is raised recently came before the Belgian courts. The facts were as follows: A medical man cited before the *Procureur du roi* refused to answer whether he accompanied three persons accused of being engaged in a duel to the spot at which it was alleged to have been fought, and whether he was present at the duel. He gave as his reason



for refusing to answer the questions put to him that such knowledge as he possessed was by reason of his profession of medicine, and therefore under the seal of secrecy which was demanded of him when he was engaged. On the other hand, the court held that the facts concerning which the witness had been questioned could not be considered acts of his profession, and that the latter could in fact only have commenced at the moment at which it might have become necessary to have recourse to a special knowledge in the accomplishment of the duties which were demanded of him. The tribunal condemned the witness to a fine of twenty dollars and costs, and the court of appeal confirmed the judgment. This view, however, is contested by the medical journals, which contend that the professional act commenced, not at the moment at which any wound was actually inflicted, but at the moment when the doctor was summoned because danger of a wound existed.

The election of rector to the University of Aberdeen will take place early in November. The Aberdeen people, for some reason best known to themselves, make a political contest of the election, though what the rectorship of a university has to do with politics no one else can understand. There has been some talk of bringing forward Lord Cranbrook as the conservative candidate. It has now, however, been definitely settled that Sir James Paget will be the nominee of the conservatives. Prof. Bain will, we understand, be proposed by the other party.

New Babylon is at present in a state of war. The Salvation army parade the streets in large bodies, swelled by all the thieves and ruffians from the East End. These Christian soldiers march about pillaging from the stalls in the streets and thoroughly blocking up the thoroughfares through which they pass. They frequently come into collision with other bodies of ruffians who collect for the purpose of opposing them, and with the costermongers whose goods they have stolen. The army are now starting a "Salvation army medical department." They have entered some of their members at the various medical schools and paid their fees. These army medicals are to be seen in the

dissecting rooms of the London hospitals, wearing the uniform of the service to which they belong, which consists in a blue cap with a silver shield, bearing the inscription "Salvation Army," and a blue coat with military stand-up collar, bearing the silver letters "S. A." I wonder that the students have not risen *en masse* and turned out the intruders, for they do not, as a rule, look with favorable eyes on such hybrid fanaticism.

There is an interesting letter in the British Medical Journal of this week from Dr. Ernest Clarke, the assistant chloroformist to St. Bartholomew's, which throws a light on some of the supposed cases of death from anesthetics which have hitherto been shrouded in mystery. The case in point is as follows: J. S., aged forty-two, underwent operation on August 9th by Dr. Godson for ruptured peritoneum. She was brought under the influence of nitrous oxide gas, followed by ether. When the latter was turned on she became rather blue, but soon recovered, and for an hour and a quarter continued to take the ether well. Nine days later, August 18th, she was placed on the table on her left side, no anesthetic being given. As she complained of cardialgia and appeared frightened, she was allowed to remain quiet for a few minutes. Dr. Godson then proceeded to remove the sutures, but desisted on noticing that the patient was blue in the face and had ceased breathing. Drawing the tongue forward and performing artificial respiration restored the patient. Some brandy was given her, and she was sent back to bed. In a quarter of an hour she had a second attack of dyspnea, accompanied by cardialgia and extreme lividity, and before any remedy could be applied she died. The *post-mortem* examination revealed extensive growths on the mitral valves and a clot, evidently *ante mortem*, two inches and a half long, in the right pulmonary artery. There was no evidence of heart-disease during life. Had the patient been under the influence of an anesthetic her death would doubtless have been placed to its credit or rather to its discredit.

One of the P. & O. Company's steamships, the Ceylon, has been fitted up as a private yacht, and is about to start on a trip

round the world, touching at a large number of places of interest. Some of the West End physicians are recommending their patients with incipient phthisis to take the trip, which is to last nine months, in the hope that the beneficial effect of the sea air will eradicate from their lungs the seeds of the disease. There is certainly some hope of its doing so, for the patients will be all the time under the care of medical men especially chosen for the purpose, and special attention has been paid to the ventilation and warming of the vessel. We wish them all "bon voyage," and hope they may have an embryo Mark Twain on board to write an interesting account of the "Innocents'" voyage round the world.

London seems to have been somewhat exhausted by the Congress, and in consequence there is rather a dearth of interesting articles in the medical papers. Also many of the more prominent members of the profession are only now returning from their annual autumnal holiday.

The medical schools are now in full swing for the winter session, having got over the usual preliminaries of contemporary dinners and inaugural addresses. The returns from the various hospitals show a steady increase in the annual number of entries.

## Reviews.

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**The Mother's Guide in the Management and Feeding of Infants.** By JOHN M. KEATING, M.D., Lecturer on the Diseases of Children at the University of Pennsylvania, Visiting Obstetrician to the Philadelphia Hospital, Visiting Physician to St. Joseph's Hospital, Fellow of the College of Physicians of Philadelphia, etc. Philadelphia: Henry C. Lea's Son & Co. 1881. 12mo. Pp. 118.

It requires a unique gift or special severe training for a good professional man to prepare a valuable practical book in the field of his profession for popular instruction, and if the good professional man is and for some years has been a teacher of medical science in a college he must be of phenomenal talent if he do not fail of good results in an effort to instruct the lay world in matters whereof he has long been instructing medical students.

Dr. Keating's little volume has much in it that mothers ought to know for the welfare of their children and their own ease and comfort. But it also has some things calculated to lead mothers into wrong doing, and to make them feel, after a little experience, as if it were impossible to raise common children into healthy adolescents if such end can only be obtained by observing all the points made by Keating. A medical student receiving a lecture from a professor is expected to analyze, compare, reason, and act on his rational judgment; a mother receiving instruction from a doctor is expected to regard it as perfect, and obey accordingly. Contemplate a mother's perplexity in an endeavor to follow this instruction implicitly: "Have a clock in the room and teach, from the *hour of its birth*, the infant to sleep until each nursing hour arrives." Then again this instruction will require much care and patience to follow closely: "Let me impress another fact which is constantly overlooked: After a child has nursed it should be placed on its *right* side or back and kept *perfectly quiet*; if placed on its left side, the weight of its liver



pressing upon a full stomach will often cause it to vomit." And, poor unfortunate liver, here is a new indictment against it; but it may rely on the testimony of the anatomists to clear it of the alleged assault on its fellow viscus, for they will bear witness that the liver is a staid member of the community, remaining quietly in its own domicile, and not a tramp wandering all over the abdomen. How it must frighten a young mother to be told authoritatively that her baby's liver is loose and flapping about promiscuously.

Then when the young mother with her offspring—say seven months old—goes to the seashore or the country, Dr. Keating recommends that she provide herself, for the use of her babe, with the following respectable list of the medical man's armamentaria: Bromide of potassium, powdered alum, calomel, milk of assafetida, lime-water, bicarbonate of soda, soda-mint, mustard, castor-oil, rhubarb, essence of peppermint, magnesia, glycerin, pepsin, baby-food, syrup of ipecac, syrup of squills, syrup of lactucarium, vaselin, camphor-water, and valerianate of ammonia. These are orthodox medicaments, and in the hands of a cultivated physician are full of promise of good for children; but unfortunately also there is in them a world of mischief for a baby when improperly given; and the average mother is not a cultivated physician, and therefore after she has them neatly labeled and packed will do a superb thing for her baby, when going from home, by leaving the package behind.

As has already been stated, there are many excellent things in Dr. Keating's book—instructions that would be of real service to a mother in the management of her children; but the book is not all good; and who but a physician shall be able to distinguish the one from the other? And this leads to the conclusion that the work should be perused by the profession and its valuable contents given to the laity as they may be needed, and what is not valuable be unrecited.

J. F. H.

**Transactions of the Indiana State Medical Society, 1881.**

Thirty-first Annual Session, held in Indianapolis May 17, 18, and 19, 1881. Indianapolis Central Printing Co. Pp. 378.

Such stores of possible professional literature are held by the eleven hundred and thirty members of the Indiana State Medical Society that the wonder is that a three days' session did not furnish matter for more than two hundred and twenty-six pages of essays presented by seventeen individuals. The quantity is certainly not exuberant, whether we regard the number who contributed or the extent of their contributions. There seems, however, to have been a feeling pervading the meeting that the future should be securely guarded against the possible hasty influx of an excess in quantity and an unconsidered crudeness in quality, by requiring hereafter that no voluntary papers on scientific subjects shall be admitted to the attention of the society that have not previously been submitted to and recommended by the county society of the member writing it, and this still under the rigid rule that excludes all communications requiring more than twenty minutes to read. And as an additional safeguard against the volume of published transactions being incumbered with valueless matter, the committee on publication are authorized "to alter, curtail, or reject" any dissertation referred to them not belonging to the business proceedings of the society. This is, in effect, saying that the society will henceforth have a good volume of transactions or none, and if hereafter a poor one appears the world will know that the committee on publication have been incompetent or derelict.

These regulations are not all new, but some that are not have been previously incorporated in the code of by-laws, and the minutes of the proceedings indicate that there must be an increased attention to their observance in the future.

For some unassigned reason the publishing committee have printed the debates on the several scientific papers read to the society among the business minutes of the meeting, instead of having them follow immediately the paper that excited them.

This does not seem to be the best method of arranging them. The papers as printed give no indication of whether or not they were discussed, and there being no index by which one may readily find the record of presentation in the minutes in connection with which the debates are printed it will be a mere accident or extraordinary diligence that will lead the common reader to peruse such discussions as have been printed, and failing to read the debate many papers excite is to miss the most valuable service they do.

Undoubtedly the duties of the publishing committee are onerous and exacting, and we should not be too critical in examining their work nor overbearing in our demand for excellence; but, mindful of those limits and obedient thereto, we may still say without injustice that the present volume is of a character to admit of extensive editorial improvement in its successors.

President Harvey's address presents in a narrative and historical way the fact that medicine, like all other things, has attained its present status by a process of evolution. While we honor the attainments and revere the memory of our professional forefathers, we recognize that, starting from the advance they had made, we have added something to their knowledge—we should have fallen below our opportunities if we had not done so—and our descendants, still enlarging upon our acquirements, will be wiser than we. This is the fundamental idea of the address, and is illustrated by the recital of salient facts culled from the past and observed in the present, and by a rational forecast of what is to come.

Two cases of trichinosis are reported by Dr. J. H. Alexander, of Clifty. One patient died after ten weeks' suffering; the other recovered without special treatment.

Several cases of illness are reported by Dr. Wm. Commons, of Union City, assumed to be trichinosis by the author; but only in one case was trichinæ found, and in that one nowhere except in matter taken from a pustule on the face. *Mirabile dictu!* and still more *mirabile visu!* Another surprise in Dr. Com-

mons's paper is that he should be willing on the evidence he adduces to make the assertion that hog-cholera and trichinosis in swine are identical. So startling and romantic were certain parts of this remarkable paper as read to the society that on motion of Dr. Woodburn the society ordered that nothing but the clinical narrative contained in it be published. An examination of the essay as it appears in the volume leads the reader to wonder what could be the character of the part suppressed. There is a possibility, however, that the publishing committee overlooked the order to suppress.

Dr. L. C. Johnson, of Fountain City, contributes a paper on Infectious Diseases, treating the subject with ability, and detailing a series of experiments on animals with diphtheritic poison conducted by himself. Original investigations properly conceived and carried out have a certain value for all, but in the young and enthusiastic who execute them they are a source of instruction unrivaled in value and not to be attained through any other channel. Dr. Johnson is to be congratulated on the production of such a paper, and his labor and its results are commended to the younger members of the society as examples worthy of imitation.

Quinine is the subject of Dr. J. C. Dare, of Bloomingdale, and he presents facts and arguments against the oxytocic powers of the drug that should attract the attention of practitioners who are enamored of the theory that it has valuable qualities in this direction, and he also fairly shakes to its foundation the edifice built on the theory that quinia is a valuable tonic.

Deliberation on Tobacco and its Toxic Effects has inspired Dr. H. Charles, of Carthage, to submit a dissertation that leads one to think that its author regards tobacco as the bane of the world, morally and physically; and indeed this conclusion would seem to be established if Dr. Charles's citation of the opinions of distinguished men in the world, past and present, could be taken as a fair presentation of the truth, the whole truth, and nothing but the truth in the premises. But the enlightened reader can not accord to the author the credit of having



achieved this desirable goal. We shall never arrive at the positive status of an article, be it a food, a drug, or a luxury, while those who write for scientific bodies simply introduce their pet theories and the result of their search among books for the declarations of others that accord with their own imperfectly-elaborated views. However, if a doctor has an ambition to raise a discussion among his assembled *confrères*, he can succeed admirably by delivering a tirade on tobacco. The minutes of the meeting announce that the subject was discussed at length, but the discussion is not reported. No doubt it was amusing and possibly instructing.

Readers will find an agreeable *résumé* of professional ideas concerning erysipelas in the paper of Dr. W. S. Raymond, of Indianapolis, and on page 149 he makes this original point: "I have noticed one peculiarity about erysipelas in a few fatal cases that I do not recollect to have seen mentioned by another; viz. a mottled condition of the skin about the forearms, feet, and legs. The spots bore a considerable resemblance to the bruise-like spots of scorbutis or vibices of purpura." The author details seven cases of erysipelas covering the several varieties of the disease, and all but one fatal—a morally courageous and valuable feature of the address.

Dr. R., under the head of treatment, and speaking of the tincture of the chloride of iron, says that "the drug has constantly increased in popularity during the last twenty-five years, and is likely to continue to be the treatment of the future." Eighteen years ago a surgeon of Chicago made the broad statement in a full meeting of the American Medical Association in that city that whereas in the early days of the war then existing the army hospital surgeons were chary about performing operations because of the danger of erysipelas and pyemia following, but for himself, at the time of speaking, he had had such experience with the iron tincture that after bringing his patient under its influence he undertook any needed operation with as little apprehension that these unfavorable conditions would supervene as if his patient were a vigorous mountaineer in his healthy Alp-

ine home. If Dr. Raymond has found in the subsequent years an increase on this confidence of the Chicagoan in the virtues of the iron solution, it must now be a very perfect reliance indeed. It requires not more, but a different kind of evidence to sustain the high vulnerary position of the tincture of chloride of iron assigned it by Dr. Raymond.

Dr. L. S. Oppenheimer, of Seymour, announces an improved test for sugar in urine, which he assures us, after ample trial, is as simple as Trommer's, as reliable as Fehling's, and absolutely unchangeable. If the Dr. is not mistaken this will prove a great comfort to practitioners who must make their own examinations of morbid urine, and have this to do only at considerable intervals of time. The formula is pure sulphate of copper  $50\frac{1}{4}$  grs., pure glycerin 1 oz. The instructions for use are not quite satisfactory, but probably a part at least of the obscurity arises from incomplete copy or imperfect proof-reading.

In continuation of his previous labor Dr. Enoch W. King, of New Albany, reports one hundred and twenty-eight additional cases of placenta previa collected since his last communication to the society, making the whole number of his tabulated cases at present two hundred and forty. Much credit should be bestowed on Dr. King for his persevering industry in collecting this series of facts and preparing them for professional instruction, as he has so intelligently done. He summarizes the lessons of his arduous labor in a catalogue of twenty-four aphoristic conclusions drawn from an analysis of his cases, all of them pointing with more or less directness to rules of practice to be observed in these exacting emergencies. While these conclusions are doubtless the true inferences to be drawn from the phenomena attending the cases in hand, it would not be difficult perhaps to successfully question their claim to be the very best results that could be obtained by accoucheurs possessed of the fullest knowledge if they were called to manage an equal number of cases in all particulars similar. But this is neither the time nor place to conduct such polemics.

Fourteen obituary notices by Dr. Jas. F. Hibberd, of Rich-

mond, chairman of the Committee on Necrology, of as many members of the society deceased during the year, close this part of the volume. By order of the society these obituaries were curtailed to such length that no one occupies more than one page.

J. F. H.

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**Lectures on the Diagnosis and Treatment of Diseases of the Chest, Throat, and Nasal Cavities.** By E. FLETCHER INGALS, A.M., M.D., Lecturer on Diseases of the Chest and Physical Diagnosis, and on Laryngology in the Post-graduate Course, Rush Medical College; Clinical Professor of Diseases of the Throat and Chest, Central Free Dispensary, Chicago. With one hundred and thirty-five illustrations. New York: William Wood & Company. 8vo. Pp. 437. Text-words about 110,000.

Perhaps there was needed a book of the tenor and scope indicated by the title of this volume, but if there were it had escaped the observation of a great many doctors. Certainly if a lecturer has mined out a round lot of new facts of prime importance he ought to embody them promptly in some form accessible to the profession at large for the common service of all practitioners and the welfare of all people to whose cases they are applicable. This, however, does not seem to have been the fortunate condition of the author whose labor is under notice. In fact, there does not appear to be any thing in his book but what is in easy reach in other standard publications, and his manner of repeating what has been told by others has no special charms calculated to make one familiar with his predecessors shelve their books and lay his on the consultation-rack for every-day use. Certain parts of his teachings will answer very well where one has nothing else to consult, but no part of it is calculated to work up an enthusiasm in a man of average pose of sensibilities. J. F. H.

**A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs.** By SAMUEL W. GROSS, A.M., M.D., Lecturer on Venereal and Genito-urinary Diseases in Jefferson Medical College, Philadelphia, Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical Hospital and the Philadelphia Hospital, President of the Pathological Society of Philadelphia, Author of a Practical Treatise on Tumors of the Mammary Gland, Fellow of and formerly Mütter Lecturer on Surgical Pathology in the College of Physicians of Philadelphia, Fellow of the Academy of Surgery of Philadelphia, etc. With sixteen illustrations. Philadelphia: Henry C. Lea's Son & Co. 8vo. Pp. 174.

Dr. Gross demonstrates himself an excellent book-maker in this work. His subjects are well arranged, and treated in a clear and concise manner, and in language of conspicuous elegance and appropriateness. All classes of readers who have need to consult a book on the subjects embraced in the title to this volume will find it most satisfactory as a record of the author's experience, as well as an index to what other reliable practitioners in the same line have written.

Enough of anatomy and physiology are woven into the text to make a scientific basis for the pathological details and therapeutic procedures, and it all flows in such easy sequence and in such expressive words that the perusal is a real pleasure to any interested party who has an admiration for a vigorous, chaste, and instructive style of writing. The volume is not large, but it has much substance; and a full index will aid the busy consulter to find any point he may seek with the minimum of inconvenience and time.

The illustrations are good, and the publishers have sustained their reputation in the make-up of the volume.



## Clinic of the Month.

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### ABSTRACTS OF PROCEEDINGS OF THE INTERNATIONAL MEDICAL CONGRESS.

ON THE MODUS OPERANDI OF PATHOGENIC GERMS IN THE PRODUCTION OF DISEASE IN THE HUMAN BODY—Dr. George Harley, F.R.S.

The author adduces clinical as well as pathological data to prove—

1. That all disease-germs produce local lesions as well as constitutional effects.

2. That the local lesions are of two perfectly distinct kinds.

(a) At the seat of the germ's introduction, when they enter by contagion or inoculation.

(b) In various parts of the body, when they enter, as just stated, or by channels of infection.

3. The local tissue-changes are of three distinct kinds.

(a) A primary, which precedes constitutional disturbance.

(b) A secondary, which accompanies constitutional disturbance.

(c) A tertiary, which follows upon the subsidence of active constitutional disturbance.

4. That both the local lesions and the constitutional disturbance are the direct effect of the chemical changes produced in the tissues and fluids of the body by the natural growth and multiplication of the germs in them, at the expense of the tissues and fluids of the host.

5. That the growth and multiplication of the germs in the human body, though, clinically speaking, a true pathological process, is, in strictly chemical language, an equally true process of fermentation, attended by the evolution of heat and the decomposition of organic matter, as in all other fermentation processes.

RELATION OF RENAL DISEASES TO DISTURBANCES OF THE GENERAL CIRCULATION AND TO ALTERATIONS OF THE HEART AND BLOOD-VESSELS—Sir Wm. Gull, M.D., and H. G. Sutton, M.B.

1. Kidney-disease is associated with or causes changes in the circulation, heart, and blood-vessels variously, according to the kind and seat of the morbid changes in the renal tissues; for example, vascular (arterial or venous) or tubular or mixed (parenchymatous nephritis).

2. Kidney-disease may be dependent upon causes primarily weak-

ening the circulation; for example, causes of general mal-nutrition, phthisis, fever, scrofulosis, alcoholism, syphilis, etc.

3. Defective renal function has a weakening influence on the circulation and nutrition; tissues become choked by edema, enfeebled by anemia and uremia, and generally wasted; for example, mottled or large white kidney, surgical kidney, etc.

4. Kidney-disease may be dependent upon causes primarily leading to thickening of heart and blood-vessels generally, and to obstruction of the interstitial circulation through the several tissues; for example, arterio-capillary fibrosis, climacteric changes.

5. The question as to the effects of kidney-disease on the circulation may often with advantage be reversed, namely, as to what is the influence of alterations in the circulation in producing kidney-disease; for example, abnormal venous tension, arterial tension.

6. Many of the changes in organs hitherto considered uremic are referable to tissue-changes capillary and interstitial, atrophic, anemic, effusive, fibroid, etc., and may be independent of defective renal excretion.

#### ON INFECTIVE NEPHRITIS—Prof. Bouchard, Paris.

It is well known that albuminuria, generally transitory, occurs in the course of a certain number of infective diseases. It is also known that in a large number of these diseases uremic symptoms and in several of them the lesions of nephritis have been observed. It is known then that in infective diseases symptoms of a nephritis may supervene, which the autopsy confirms.

These kidney-affections, occurring in infective diseases, are infective inflammations of the kidney, or infective nephritis. This is established by the following grounds:

1. During life the same infective agent which occurs in the blood and the morbid fluids is also found in the urine.

2. This infective agent is only found in urines which contain albumen and elements which indicate a lesion of the kidney.

3. This infective agent disappears from the urine at the same time as the albumen disappears.

4. In fatal cases the same agents are found abundantly in the renal tissue.

5. Finally, in all the cases about which the above assertions are made the kidney is found to present the anatomical characters of a nephritis.

Every case of albuminuria which occurs in an infective disease is

not necessarily due to infective nephritis or to nephritis of any kind. Albuminuria may be either thus produced or may be dyscrasic. The albumen in these two kinds of albuminuria presents different physical characters. Infective nephritis with the above characters has been already ascertained to exist in fifteen infective diseases. Infective nephritis may be the starting point of chronic nephritis. The urine may be one of the means by which infective diseases are transmitted.

ON THE CALCIFIED EPITHELIOMA OF THE SEBACEOUS GLANDS—Dr. Albert Malherbe.

Tumors are met with in the skin and subcutaneous tissues presenting the general structure of epithelioma, but having this distinctive feature, that they contain numerous small calcareous granules due to complete or partial calcification of the epithelial masses. Many of these tumors were formerly described as "osteomata of the skin." Twelve specimens will be exhibited at the Congress.

*Pathological Anatomy.* A calcified epithelioma is composed of an enveloping membrane, a stroma, and epithelial masses contained in the stroma, and either completely or partially calcified.

*The Enveloping Membrane* is composed of connective tissue usually somewhat dense. In it are sometimes small collections of cells (centers of invasion) which may assume the epithelial form and become calcified. The membrane itself is never calcified.

*The Stroma* arises from the enveloping membrane forming small columns or partitions supporting a few vessels. The stroma may be composed of embryonic, fibrous, or bony tissue. When it is embryonic or fibrous it invariably contains spaces, varying in size, occupied by giant cells which are destined to produce calcified epithelial cells. When the stroma ossifies it is true bone that is formed. We then see the curious appearance of masses of calcified epithelial cells inclosed in the midst of bony tissue or even in the medullary spaces. The ossification seems to depend on the age of the tumor. The marrow of the medullary spaces is embryonic or fatty, and contains large, thin-coated vessels like great capillaries.

*The Epithelial Masses*, which form about half the volume of the tumor, are composed of polyhedral cells, the protoplasm of which is rendered opaque by granules. The nucleus resists calcification much longer, but is finally also rendered opaque by calcareous granules. Epithelial globes partly calcified are numerous in some specimens.

This being the structure, it is easy to understand the microscopic characters of a calcified epithelioma. Soft and stuffed with calcareous

pulp when young, they become absolutely bone-like and as hard as stones when old.

They contain nine per cent phosphate of lime and two per cent carbonate of lime.

These tumors are always subcutaneous. They vary in size from a pin's head to a fist. When hard, false bursæ may form round them which may inflame and suppurate. Their recognition after removal is easy. The only tumors they resemble are calcified atheromatous cysts, such as are met with in the scrotum. They differ much, however, on microscopic examination; for we see that the latter tumors are formed by the calcification pure and simple of the contents of a sebaceous cyst without the intervention of any neoplastic power.

*Development.* Calcified epithelioma arises in the sebaceous glands. It invades glands already undergoing transformation into atheromatous cysts, but at so early a period that it may almost be considered a primary condition. The stroma is formed by a budding inward of the homogeneous tissue of the wall of the cyst. The processes thus formed subdivide, and as they become older undergo a transformation, first into fibrous tissue and finally into bone. The epithelial masses are developed first from the most external cells of the epithelial contents of the cyst. In other parts the calcified cells proceed from the segmentation of the protoplasm of the giant cells, new epithelial cells being thus formed, which almost immediately become invaded by calcification. The growth of the tumor takes place from the uncalcified part and is arrested by calcification.

*Clinical Characters.* These tumors are non-malignant, and never recur after removal. They are of slow growth, and develop in infancy or youth; more rarely in adult life. They are most common in females.

*History.* These tumors have been confounded by most authors with simple calcification of atheromatous cysts. The first clear account is by Martin Wilckens (*über die Verknöcherung und Verkalkung der Haut und die sogenannten Hautsteine*, 1878). Calcification of epithelial cells has been briefly mentioned by Gluge (1841), Dalrymple (1843), Förster (1855), Lancereaux (1879). Our researches lead us to think that if the specimens of so-called osteoma of the skin at present in pathological museums were re-examined they would almost all have to be re-christened and classed among calcified epitheliomata.

ON PERCUSSION OF THE SKULL IN THE DIAGNOSIS OF DISEASE OF THE BRAIN—Alex. Robertson, M.D., F.F.P.S.G.

Although attention was directed by the writer in 1877 to the value



of percussion of the skull in the localization of disease on the surface of the brain, and Dr. Ferrier ("Brain," 1879) has also insisted on its importance, the subject may still be considered comparatively new to the profession.

The paper first deals with objections against the practicability of transmitting the degree of force employed in tapping the skull with the finger to the surface of the brain. Duret's experimental researches on cerebral traumatism show that in blows on the head a "*cone de dépression*" is formed, which passes deeply in the line of the thrust to the base of the skull. The slight force of percussion will act in a similar way, though it may scarcely extend beyond the cortical substance.

A somewhat analogous instance of the irritation of a morbid part into conscious sensibility is sometimes supplied by disease of the lungs, in percussion over a cavity or softened caseous matter near the surface of the lung.

Clinical experience is one apparently conclusive on the question. Cases of Jacksonian epilepsy and monoplegias are referred to, where the symptoms pointed to the motor region of the convolutions as the seat of disease, and in which percussion of the skull elicited very distinctly deep-seated pain in that part of the head and *nowhere else*. The two kinds of symptoms—the disturbance of function and the developed pain—lend each other mutual support in the localization of the disease. When the convulsive movements are general the pain brought out by percussion at some other part of the head probably indicates the center from which the morbid action spreads to the motor convolutions. In some cases corroboration of the diagnosis is derived from the history of former blows and also from the beneficial effect of treatment over the painful region.

Another objection is that the brain substance is wholly insensitive and the membranes are only slightly sensitive. In reply, it is pointed out that the dura mater and the pia mater, like other fibrous membranes, when in a state of disease and subject to tension, may give rise to severe pain.

The pain in the cases founded on is not induced by mere rubbing or gentle pressure, but by *percussion*. It is therefore inferred that the disease is not in the bone, unless it be in the inner table of the skull; and if it be situated in this part it is of great importance to elicit the fact, as morbid action there usually involves the outer and often the inner membrane and brain itself. However, disease of the bone in adults in most cases is syphilitic, and the pain, as a rule, is such as to stand in no need of artificial development to manifest its existence.

Then follow brief notes of six cases under the writer's care. In some of these great benefit was derived from repeated counter-irritation over the seat of developed pain. It is stated that several of the cases support the prevailing views respecting the localization of motor function in the cortical substance.

The mode of practicing percussion of the skull is described. The physician should be careful to make the taps of the finger as nearly as possible of equal force, except in the temporal region, where they should be somewhat lighter. It is well to percuss one's own head previously, to ascertain the character of the tap which can be borne without discomfort. It is advised to avoid, either by remark or otherwise, directing the patient's attention to any particular part of the head, particularly if they be of an impressible or hysterical disposition.

It is not claimed that this means of diagnosis will be of very wide application. It probably will not be of service if the morbid action be diffused, as in ordinary cases of insanity. It is chiefly of use where the disease is limited in extent, and particularly if it is attended by gross products, such as inflammatory lymph producing local tension, or tumors of the surface or in the membranes. In injuries of the head it may occasionally be of service. Thus in a somewhat doubtful case of fracture of the skull the writer has seen it assist in marking out the line of the fracture. In disease of the inner table of the skull, when the pain of the head is widespread, it may help to localize the lesion.

Wherever, therefore, there is the least ground, judging from the general symptoms, for suspecting that disease may exist superficially within the skull, percussion of the head should not be omitted. It may yield most valuable information, on which important local treatment may be based.

ON CERTAIN LITTLE-RECOGNIZED PHASES OF TABES DORSALIS (LOCOMOTOR ATAXY)—Thomas Buzzard, M.D., F.R.C.P., London.

Attention is drawn to the overwhelming prominence among the symptoms which has been given both by Romberg and Duchenne (de Boulogne) to the incoördination of movement often observed in tabes dorsalis. In consequence of this, the symptom (which is very frequently absent) has come to be regarded as the essential one, and to many persons the idea never occurs that a patient who has no ataxy may be an example of the disease. So it comes to pass that any one symptom which happens to be more than usually prominent is apt to absorb the attention, and the ailment is probably referred to some widely-different pathological condition. The author accepts West-

phal's symptom (the absence of the knee-phenomenon), along with good voluntary power in the anterior muscles of the thigh, as almost positive evidence of the existence of *tabes dorsalis* when it is associated with any one or more of the recognized symptoms. In illustration of the tendency there is for *tabes* to be overlooked if no ataxy be present, he relates five cases in which the *crises gastriques* (of Charcot) were so strongly marked as to monopolize attention, which would hardly have happened had the symptom from which Duchenne named the disease been present. In one of these the author found absence of knee-phenomenon, pupils small, contracting in accommodation but not to light, lightning pains, along with the gastric crises; but this latter symptom was so predominant that the case was subsequently pronounced by others to be one of cancer of the stomach, notwithstanding that the gastric symptoms had existed paroxysmally for fifteen years. In another, correctly diagnosed as *tabes dorsalis*, and shown to him by Mr. Herbert Page, to whom the patient had applied on account of joint-disease in the foot, there was a history of obstinate vomiting and epigastric pain of at least three months' duration. (The case afforded another example of that remarkable association of tabetic arthropathy with gastric crises to which the author directed attention in February, 1880.) It is suggested that many cases of so-called "gout in the stomach" may probably be examples of the gastric crises of *tabes*, as well as some which are supposed to be due to intestinal obstruction.

A like prominence of some other symptoms of *tabes* may equally absorb attention. Pierret's view that the disease is essentially a chronic inflammation of sensory fibers is adopted, and it is urged that just as optic atrophy may be the dominating symptom in some cases, so atrophy of the auditory nerve may be the prominent one in others, and thus many cases of so-called "nervous deafness" may prove to be examples of *tabes dorsalis*. Reference is made to a case in which stone in the bladder was the first symptom of *tabes dorsalis*. The bladder trouble may be more than usually pronounced, and lead to retention of urine and accumulation of mucus, in which a phosphatic calculus is easily formed. The urgent symptoms produced by this will easily conceal the general disorder which lies behind.

ON ADDISON'S DISEASE—Edward Headlam Greenhow, M.D., F.R.S.

Cases of disease of the supra-renal capsules published previous to Addison's discovery:

Typical case, previously unpublished. Points in which it agreed

with or differed from the usual characters of Addison's disease, as regards—

A. The bronzing of skin.

B. The constitutional symptoms.

*Constitutional Symptoms.* Those of extreme nervous depression, with feeble action of the heart; small, thready pulse; faintness; shallow, feeble breathing; breathlessness, and often gasping and sighing on making any effort; hiccup; anorexia; irritability of stomach; retching; and sickness. Temperature usually sub-normal. Apparent decrease of tissue-change, and, in uncomplicated cases, neither emaciation nor anemia. Death by asthenia; sometimes sudden; at other times preceded by incoherence, delirium, subsultus, and convulsions.

*Bronzing of Skin.* Dusky brownish or greenish brown discoloration of skin, most marked on the face and hands, around the nipples, in the axillæ, groins, genitals, over the abdomen, and in seats of local irritation caused by blisters, wounds, or abrasions of the surface. Darker parts of skin merge insensibly into lighter, excepting where any local irritation has existed, when the margin of discoloration is often very distinct; but true cicatricial tissue retains its white, ivory appearance. Lips, tongue, and mucous membrane of the mouth often present patches of discoloration, and in these situations the margin is usually well defined. On microscopical examination the pigment is found to be deposited in the deeper layers of the rete mucosum and in the lower cells of the mucous membrane, immediately overlying the papillæ.

*Pathological Appearances.* Invariably of the same kind. The supra-renal capsules are hard and nodulated, or uneven, misshapen, and usually enlarged, though in rare instances they have been found smaller than natural; adherent to adjoining parts and surrounded by a dense mass of connective tissue, in which the neighboring nerves, ganglia, and plexuses are involved. On section the normal structure is generally found entirely destroyed, the cut surface presenting a marbled appearance, from the presence of two dissimilar materials—the one firm and semi-transparent, of a gray or a grayish-green color; the other opaque, of a yellowish or cream color, and of caseous consistence. In a few cases this material has been found softened down into a creamy fluid; in others it has been hard and gritty.

Under the microscope the semi-transparent, gray substance is seen to be formed of a fibrillated stroma containing numerous lymph corpuscles. The opaque, cheesy substance consists of amorphous, granular matter, shrunken cells, nuclei, and oil. The pathological process



therefore consists of an inflammatory exudation which encroaches upon and destroys the natural tissue of the capsules, and terminates in caseous degeneration. This is accompanied by great proliferation of the surrounding connective tissue. The adjoining lymphatic glands are generally enlarged, and there is often swelling of the agminated and solitary glands of the intestines, and mammillation of the mucous membrane of the stomach, with growth of lymphoid tissue around the gastric tubules. In some cases enlargement of spleen has been observed, and also caries of vertebræ and abscesses in the vicinity of the capsules, and very frequently caseous deposits in the lungs and other organs.

The course of the disease is chronic, and often varied by exacerbations and remissions; but the tendency is always toward a fatal termination. The constitutional symptoms and bronzing of skin do not always run parallel. Sometimes the one and at other times the other precedes or makes the more rapid progress.

*Diagnosis.* Not difficult in typical cases, but spurious bronzing is a frequent cause of erroneous diagnosis. Such discoloration occurs in "vagabond's disease," in very chronic phthisis, in leukemia, and in lymphadenoma. Abstract of a very remarkable case of the latter recently published by Dr. Paget, of Cambridge, with comments.

*Causes of the Disease.* Usually very obscure, but sometimes it has obviously taken its origin from extension of the inflammatory process from disease or injury in the neighborhood of the supra-renal capsules.

*Pathology.* The symptoms of Addison's disease are not due to the destruction of the capsules and abrogation of their proper function, for in some recorded instances their normal structure must have been destroyed by the pathological process of the disease itself previous to the development of the symptoms; and it has often been entirely supplanted by cancerous deposit without the occurrence of these symptoms. On the contrary, it seems almost certain that the symptoms are to be attributed to the damage done by the pathological process to the nerves which pass into the capsules, especially the branches of the pneumogastric nerve, and to the neighboring nerve-plexuses and ganglia, which are compressed by the contracting adventitious tissue in which they are imbedded. The discoloration of the skin is probably due to the injurious effects of similar pressure upon the nerves of the sympathetic system, and, as shown by Dr. Paget's case, may exist where the supra-renal capsules are healthy; but these nerves are imbedded in and compressed by adventitious growth. This fact suggests for the future a careful study of cases of pigmentation of skin, unac-

accompanied by Addison's disease, in reference to the condition of the nerves, ganglia, and plexuses of the sympathetic system.

ON THE ORIGIN AND CURE OF SCROFULOUS NECK—T. Clifford Allbutt, M.A., M.D., F.R.S.

The purpose of the paper is to insist on the local causation and the local development of many cases of scrofulous neck. The primary importance of local means of cure follows as the practical application.

While giving due weight to the undoubted influence of heredity in favoring this malady, yet that such states may be and often are set up in young persons by local causes alone is equally indubitable. Moreover, local causes play a large part—perhaps the chief part—in producing the malady in those originally strumous. A careful survey of causation will show that artificial scrofula is at least as common as the natural.

Of local causes, irritation of neighboring mucous membranes is the most common, such as the pharyngeal and the aural-pharyngeal irritations being far the commonest antecedent, and the septic kind of these the most effective. The glandular enlargements are thus bubonic, and secondarily by caseous degeneration become themselves the foci of further like mischief.

A thorough knowledge of these facts will lead to prevention, perhaps may lead to complete prevention of scrofula properly so called. Its cure is acknowledged to be tedious and unsuccessful, the reason being that treatment is too exclusively directed to the supposed constitutional origin.

After minute inquiry into possible morbid influences acting through the mucous membranes, a rapid and complete cure without disfigurement must generally be sought by surgical means. Free incision and enucleation of caseous deposits are essential. The softening mass under the jaw is usually a subcutaneous abscess with more or less thickened walls, which depends upon infection from the deeper-lying caseous glands. With these it communicates by sinuous channels, often very obscure. Upon the laying open of these and the clearing out of the inner foci care and future safety depend.

Many cases follow, in which Mr. Teale has coöperated with the author in carrying out these principles.

WHAT IS THE CLINICAL VALUE OF THE EXAMINATION OF THE URINE IN BRIGHT'S DISEASES?—Prof. Grainger Stewart, M.D., Edinburgh.

a. Quantity. Diminished: 1. In inflammation (early stage and

during exacerbations). Normal: 1. In middle stage of inflammation; 2. In earlier stage of cirrhotic. Increased: 1. In waxy throughout (unless interfered with), and preceding even the albuminuria; 2. In cirrhotic—later stage; 3. Sometimes in advanced inflammation and during absorption of dropsies. Suppressed: In inflammation acute and advanced, and in cirrhotic advanced.

*b.* Specific gravity and solids. Influenced: 1. By amount of water; 2. By amount of urea; 3. By amount of other solids; Urea in different forms.

*c.* Albumen, serum-albumen, the only very important form. Quantity in the different forms; Explanations.

*d.* Blood. 1. Early inflammation and acute exacerbation; 2. Very rarely in waxy; 3. Occasionally in late cirrhosis with other hemorrhages.

*e.* Tube-casts. Varieties; Different views as to the origin; Abundant and varied in inflammation; Few in waxy; Few in cirrhotic.

ON LOCAL TREATMENT OF DIPHTHERIA—Dr. Morell Mackenzie, London.

1. *Ice* useful in first stage, both internally and applied externally to the neck, contra-indicated when it causes pain, in young children, in advanced stages, and especially if gangrene be present.

2. *Steam inhalations* of great service when the false membrane shows a disposition to separate, and when it is situate in the larynx or trachea.

3. *Solvents* administered by swabbing or in the form of spray often highly beneficial. Lime-water and lactic acid the best.

4. *Antiseptics very important*—carbolic acid, permanganate of potash, and chloral hydrate; the last being the most certain.

5. *Antaerics* or *varnishes*; that is, remedies which exclude the air from the false membrane. Tolu dissolved in ether is the most serviceable. Simultaneous employment of other local remedies (ice, steam) not prevented by the use of these agents.

6. *Caustics* are always injurious, while *astringents* are useless and sometimes hurtful.

Dr. A. Tobold, Berlin.

Diphtheria undoubtedly a constitutional disease produced by a specific contagium with local pseudo-membranous inflammation of upper air-passages. Importance of attending to the local processes, while not neglecting constitutional treatment. Historical review: for-

merly, destruction of membranes by means of caustics advocated; all known caustics used; bad, or at any rate unsatisfactory results. Later on local employment of resolvents in form of gargles, inhalations, etc. But little influence of the much-recommended lime-water. Lactic acid better, but not very satisfactory either. Best resolvent at present known is *moist warmth* in the form of vapor inhalations, with the addition of antiseptics. Astringents and flowers of sulphur of little avail. Ice internally useful.

#### Conclusions:

1. At the outset of the attack ice internally, ventilation, isolation.
2. If temperature be high, cold packing of body or neck, or half baths, very necessary.
3. If false membranes be present in upper air-passages, application of resolvent and disinfectant remedies for cleansing purposes. In adults, gargles and inhalations; in children, injections by means of a syringe. If cleverly managed they may also be used by means of soft straight big brush, which is each time to be well cleansed and disinfected.
4. Use of caustics is to be absolutely repudiated, as is
5. Mechanical removal of the false membrane.

Mr. Lennox Browne, London.

Experience of so-called solvents. Preference to lactic acid. The constant use of ice and of beverages containing chlorate of potash, the last measure acting constitutionally as well as locally.

Removal of enlarged tonsils advocated even during an attack of diphtheria, as a local measure calculated to have the best results, (1) as removing an impediment to the respiration, (2) as preventing the downward progress of exudation, and (3) as an early substitute for or prevention of the more dangerous measure of opening the windpipe.

#### NATURE AND TREATMENT OF OZENA—Dr. B. Fraenkel, Berlin.

1. Under the name "ozena" of olden times different diseases of the nasal cavity have been comprised, the common symptom of which is a fetor originating from the nose and communicated to the respired air.

2. The most common form of ozena to which therefore this name ought to be limited occurs without disease of the bones and cartilages and without ulcerations of the mucous membrane. It comes under the head of chronic catarrh of the nasal cavity, and is always connected with more or less extensive atrophy of the mucous membrane.



The fetor in this form is due to the stagnation and decomposition of the secretions. It is not *per se* a proof of the presence of a constitutional disease.

3. Of methods of treatment of this form of ozena those which have been found to be most trustworthy are—

(a) The freeing of the nasal cavity from secretions by means of the syringe or douche.

(b) Gottstein's tampon.

(c) The cautious use of white heat to destroy the suppuration of the mucous membrane.

Dr. E. Fournié, Paris.

Accidental and constitutional ozena. Former due especially to syphilitic, diphtheritic, or catarrhal inflammation. Fetor not so bad as in constitutional ozena. Treatment, besides general measures:

1. Frequent injections of warm decoctions of althea and poppy. If crusts have been formed, mechanical removal by means of sponge is necessary.

2. Topical applications, according to nature of lesion, of solutions of nitrate of silver, carbolic acid, tincture of iodine. Constitutional ozena much more serious and difficult to cure; difficulty of recognizing nature of the affection; positively known only that it occurs from the age of three to four or later, and generally in scrofulous or herpetic individuals. Cause of the specific fetor, according to the author, to be found in a specific property of the glands of the naso-pharyngeal mucous membrane. Analogous specific properties of glandular secretions relating to smell found in other parts of the body. *Complete absence of deep ulcerations* in ninety-two cases examined by the author. Description of the two forms seen by him: (a) *Dry form*; that is, ozena without catarrh, slight excoriation and congestion of the mucous membrane; in the neighborhood of the posterior nares a blackish, firmly-adherent covering; this form generally found in herpetic individuals. (b) *Humid form*—the most frequent one. Description of the appearance of the parts, seat of predilection of the manifestation according to the author, circumference of the posterior nares.

*Treatment.* 1. *Constitutional.* In the humid form, three to four times yearly methodical use of sulphur baths; internally at the same time alternatively cod-liver oil, iodide of potassium, iodide of iron. In the dry form, alkaline arsenical baths more suitable, with arsenic and bicarbonate of soda internally.

2. *Local.* Injections as above once or twice daily, followed by

injection of two per cent solution of salicylate of soda every two or three days; mechanical removal of crusts, followed immediately by cauterization with a strong solution of nitrate of silver (one to five). Localized application to the diseased spots by means of laryngeal mirror and nasal speculum necessary. Duration of treatment, on the average, three weeks. Tendency to recurrence after one to two months, repetition of treatment; if necessary, repeated several times. Lasting success often obtained only after treatment from six to twenty-four months.

Dr. Justi, Idstein am Taunus.

1. Ozena not a disease *per se*, but only a symptom.

2. This can be produced by all diseases which either augment or change the secretion from the nasal mucous membrane, and which produce, in consequence of stagnation, a decomposition of the secretion.

3. Such diseases are: Chronic inflammation of nasal mucous membrane, foreign bodies, nasal and naso-pharyngeal tumors, specific and non-specific ulceration of the nose, and disease of the bony parts of the nose.

4. According to the multiplicity of the causes the treatment must vary, and must often be not only local, but also constitutional. The most important indication is to promote the free evacuation of the discharge.

Dr. H. Guinier, Cauterets.

Specific odor not necessarily dependent on ulcerative processes. With removal of the offensive crusts often present in such cases the odor—that is, the most disagreeable symptom—will disappear, even if a radical cure be not effected. This removal is best carried out by means of the laryngo-nasal gargarism as recommended by the author.

ON CHRONIC DISCHARGE FROM THE NOSTRIL AND OZENA—Mr. W. Spencer Watson, London.

Any chronic discharge may be an occasional cause of ozena.

Ozena most commonly associated with lupus erythematosus of the nostril; congenital syphilis and a condition allied to phthisis pulmonalis. Rarely associated with bone-disease. Chronic eczema sometimes a cause.

Diagnosis of causes of ozena depends on (1) age, (2) physiognomy,

(3) family history, (4) rhinoscopic inspection, (5) results of treatment, (6) general symptoms.

*Treatment.* Weber's douche only as a preliminary and to remove obstruction. Topical medication, sprays, iodoform pencils, snuffs, etc. Internally arsenic, iron, cod liver oil, and iodides. Occasionally use of caustics.

Chronic catarrhal discharges, if serous or sero-purulent, controlled by snuffs of bismuth, copaiba, and mineral acids internally.

#### RESULTS OF THE MECHANICAL TREATMENT OF LARYNGEAL STENOSIS—Dr. Paul Koch, Luxemburg.

1. Catheterism and "tubage" of the glottis are to be rejected in cases of acute laryngeal stenosis as soon as these latter endanger life. This rule is especially to be applied in cases of children suffering from croup, diphtheria, and edema glottidis. Catheterism and "tubage" can not in any respect replace tracheotomy.

2. In cases of chronic laryngeal stenosis the first question will be whether the morbid process has arrived at its end; if not, the appropriate general treatment should be employed, and the final development of the laryngeal affection must be waited for.

3. In cases of chronic narrowing which do not endanger life, mechanical treatment can be employed from the very beginning; but if there is the slightest danger in delay, prophylactic tracheotomy ought to be practiced forthwith.

4. The low operation of tracheotomy should always be performed in these cases.

5. If free respiration, either *per vias naturales* or through the artificial opening, is secured, the mechanical treatment might be executed, either through the mouth or through the tracheal fistula.

6. If mechanical treatment is unsuccessful, recourse must be had to prophylactic tracheotomy and to laryngotomy, followed by excision, galvano-caustic cauterization, etc.

7. If laryngotomy and the subsequent treatment are not sufficient, they should be followed by partial resection, and introduction of either a T canula or of an artificial larynx.

#### RECENT ADVANCES IN ABDOMINAL SURGERY—Lawson Tait, Esq., F.R.C.S.

The author draws attention to certain advances in abdominal surgery, which he regards as the outcome of the increase in the success

of ovariectomy, which he attributes to increased attention to hygiene and to the intraperitoneal method of operating.

He has, in papers already published, laid down the principle that every clearly non-malignant tumor of the abdomen or pelvis which presents a likelihood of destroying the patient, or which, by reason of suffering caused by it, greatly interferes with the comfort of life, should be investigated by an exploratory incision. Acting upon this, he has opened the abdomen in many cases which until recently were not regarded as within the province of surgical effort. Among these were included one case of gallstone, five cases of hydatids of the liver, one case of large cyst of the liver, six cases of cysts of the kidneys, one case of abscess of the spleen, twelve cases of abscess of the pelvis, four cases of suppuration of the fallopian tube, and six cases of fallopian pregnancy. Of these thirty-six cases only one died, that being a case of fallopian pregnancy, in which the child is still living, the mother being at the time of the operation too far exhausted for recovery to be hoped for.

The principles of the operations in such cases were: First, to operate before the patient was hopelessly exhausted; secondly, to open the abdomen carefully in the middle line; thirdly, to take the utmost care that none of the contents of the cavities attacked should be allowed to enter the peritoneal cavity; fourthly, to completely close the peritoneal cavity under all circumstances, that being done by uniting the wound in the tumor by a continuous suture to the wound in the abdominal wall when it was necessary to drain the cavity; fifthly, scrupulous attention to the proper isolation of the patient from all insanitary and poisonous influences. The author has in a few of these cases attempted to employ the Listerian details, but he found them cumbrous and impracticable, and that the patients recovered perfectly well without them, and that the employment of carbolic acid rather impeded recovery than aided it.

#### LAPAROTOMY AND CYSTORRHAPHY IN CASES OF PERFORATING WOUND OF THE BLADDER—Dr. E. Vincent, Lyons.

Results of a new series of experiments performed upon rabbits, and conclusions deduced therefrom:

##### I.

1. The contact of urine with the peritoneum is not such a fatal accident as is usually supposed.
2. Suture of the bladder by interrupted metallic stitches, the serous



surfaces being brought into contact and the stitches left in the abdomen, may be practiced with almost a certainty of success.

3. Whatever the cause of rupture, the animal can almost invariably be saved if the vesical suture be practiced immediately or within a very short time, even if grave complications be present.

4. The animal may be saved even if considerable time be allowed to elapse after the injury.

5. When the operation was delayed longer than sixteen hours some animals died from urinary intoxication without true peritonitis. Others survived owing to a spontaneous closure of the opening in the bladder.

6. The spontaneous closure is exceptional, and therefore laparotomy and cystorrhaphy should be at once practiced.

## II.

Taking into consideration these and previous experiments, and the result of a case in which a large piece of the bladder was excised accidentally during an ovariectomy, the author would formulate the following propositions as applicable to the human subject:

1. Considering the almost invariable mortality which follows wounds of the bladder, however produced, laparotomy and cystorrhaphy should be resorted to immediately. The chance of success diminishes in proportion to the length of time that has elapsed since the accident.

2. As the employment of antiseptic means has removed the danger of operations involving the peritoneum, ought we not to prefer suprapubic lithotomy to any of the perineal methods, retaining only two operations for stone—lithotripsy, if it be friable and small; suprapubic lithotomy, if it be very large or hard.

A SUCCESSFUL CASE OF NEPHRECTOMY—R. Clement Lucas, London, F.R.C.S.

The patient on whom this operation was performed is a man thirty-six years of age, of fair complexion, and somewhat spare. His father died of phthisis. He had been a sailor, and had had fever in India, but of late years was employed as a bricklayer.

In September, 1874, he was in a medical ward of Guy's Hospital, suffering from pain in the left loin. His urine contained pus and albumen. An abscess formed in the left loin, which was opened, and a quantity of fetid pus escaped. He left the hospital with a sinus, which did not heal. He was admitted a second time into Guy's Hospital on November 26, 1879, under the care of Mr. Lucas. He stated that dur-

ing the five years since he left the hospital pus had continued to escape from the sinus (which lay half an inch below and one inch behind the extremity of the last rib), but that for the last two months urine as well as pus had escaped, making him very sore and uncomfortable. He has great pain in micturition, which lasts twenty minutes after the act. His urine contains a considerable quantity of pus. He is pale, weak, and much wasted. He was kept under observation until February 17, 1880, when, Mr. Lucas having come to the conclusion that the right kidney was doing all the work, determined to excise the diseased one. A vertical incision in the loin was first made, but to obtain more room this was enlarged transversely at the upper part. The kidney was so adherent to the ribs that it had to be detached by a blunt-pointed bistoury. The capsule was left. A portion of ureter removed was enormously thickened. The operation was performed antiseptically. All went well till about the fourteenth day, when secondary hemorrhage occurred. It was at first controlled by pressure, but when it recurred the wound was opened up, and an attempt was made to re-apply a ligature to the pedicle. Hemorrhage recurred again and again till the man's life was despaired of, but at last it was controlled by large sponges steeped in perchloride of iron thrust in the wound and firmly bandaged in position. He was so much exhausted by the loss of blood that he could not turn in bed, and in spite of every care acquired a slight bed-sore. His convalescence was consequently protracted. The urine for many months after the operation contained a large quantity of pus, but this gradually diminished. He went to Brighton for change of air on July 30th, where he was kindly attended by Mr. Couling. After his return to town he rapidly gained flesh, and a sinus which remained closed finally about the end of the year. He is now in good health, free from pain, and able to work. The relief obtained is perhaps the best indicated by the fact that he is nearly two stones heavier than he was before the operation.

## Notes and Queries.

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SIR WILLIAM MACCORMAC.—All who attended the International Congress held in London will be glad to know that Her Majesty Queen Victoria has been pleased to confer the honor of knighthood on Mr. MacCormac, the Honorable Secretary-general of the Congress. To Mr. MacCormac more than to any other one man was the success of the Congress due. His labors in its interests were simply enormous. To administrative ability of the highest order he added unwearrying patience and unvarying suavity of speech and manner.

Mr. MacCormac is in the very prime of life, being just forty-five years old. His father, Dr. Henry MacCormac, of Belfast, Ireland, is a physician of deserved eminence, and though nearly forty years the senior of the son, yet retains great vigor of mind and body, and is a noble specimen of the gentleman of the olden time.

The following brief sketch of the life and services of Sir William MacCormac may interest our readers:

Mr. MacCormac distinguished himself as a student in the Queen's University, Ireland, and was elected surgeon to Royal Hospital, Belfast, in 1864. In 1870, on the outbreak of the Franco-German war, Mr. MacCormac immediately volunteered his services, and was nominated by the French minister of war for duty in one of the hospitals of Metz. He was afterward appointed surgeon-in-chief of the Anglo-American Ambulance, which, under his direction, both during the battle of Sedan and subsequently, was able to render signal services to the wounded of both nations. He embodied the results of his war experience in an interesting volume entitled *Recollections of an Ambulance Surgeon*—a work which was honored by a commentary upon it by the veteran military surgeon Professor Stromeyer, and was translated into German, French, and Italian. On returning to England Mr. MacCormac was elected to the Fellowship of the Royal College of Surgeons of England, and shortly afterward surgeon and lecturer

on surgery to St. Thomas's Hospital. In 1876, as chief surgeon of the National Aid Society, he accompanied Sir Robert Loyd-Lindsay to the seat of war in the East, and there superintended the distribution of English surgeons and medical stores sent out by the society to assist in the care of the wounded of the Turkish and Servian armies. In 1877 his military medical experience was largely utilized by the Stafford-house Committee in the conduct of their extensive operations in the East, and he was mainly responsible for the selection of the surgeons sent to the seat of war by that committee. For services thus rendered in foreign countries Mr. MacCormac has received several decorations, including the Legion of Honor, the Crown Order of Prussia, the Ritter-Kreuz, first-class, of Bavaria, the third class of the Medjidie, and the Cross of Commander of Takova of Servia. In 1880 Mr. MacCormac published a treatise on Antiseptic Surgery, which has been translated into French, German, Dutch, and Russian. He has held office as member of the Senate and examiner in surgery in the Queen's University, Ireland. He is examiner in surgery at the University of London, consulting surgeon to the French Hospital, London, and to the Royal Hospital, Belfast, and the author of many papers in the Transactions of medical societies.

These are services which certainly deserve recognition by the government. But Mr. William MacCormac was to all who knew him a knight from spur to plume before letters-patent made him so.

THE UNITED STATES STILL AHEAD!—The following is said to be the proportion of physicians to each ten thousand inhabitants in various countries:

|                |           |       |
|----------------|-----------|-------|
| France,        | . . . . . | 2.91  |
| Germany,       | . . . . . | 3.21  |
| England,       | . . . . . | 6.06  |
| Austria,       | . . . . . | 6.10  |
| Italy,         | . . . . . | 6.10  |
| Switzerland,   | . . . . . | 7.06  |
| United States, | . . . . . | 16.24 |

Eight times as many physicians in the United States to the thousand inhabitants as in France! This would almost seem to confirm the statement of a humorous lawyer at the Louisville bar who said that out in Bullitt County where he was raised



doctors were so thick that they rode two on a horse; and once when a flatboat rounded to for the night on Salt River that before morning two medicos had nailed their shingles to the mast-head.

DEATH OF PROF. JOHN E. CROWE.—On Monday evening, September 27th, Dr. Crowe, previously in what seemed to be the most robust health, died suddenly of what was supposed to be cerebral apoplexy.

Dr. Crowe was born in Louisville, Ky., in 1829. He grew up and was educated here. He taught for several years in the public schools of this city. He graduated in Medicine in the University of Louisville, in which institution he was appointed to the chair of Obstetrics in 1868. He filled the place acceptably to both student, trustee, and the public up to the day of his death. He was a pains-taking, earnest teacher. He acquired a very large practice. He was an eminently charitable, kindly, generous man, whose professional services, liberal hand, and cheery words will be sorely missed by a very large circle of friends.

THE leaders of battalions fall fast. Dr. Jas. White, of Buffalo, died suddenly and in his very prime; Dr. Lloyd Howard, of Baltimore, young, earnest, full of enthusiasm, made a misstep, fell between two boats, and was drowned; Dr. Warren Greene, of Portland, Maine, full of years and honors, died in mid-ocean while returning from Europe, and was buried in the sea—all within the early weeks of an autumn not yet gone.

THE CHAIR OF OBSTETRICS IN THE UNIVERSITY OF LOUISVILLE.—The Board of Trustees of the University appointed Dr. Theophilus Parvin, of Indianapolis, to the chair of Obstetrics and Diseases of Women, made vacant by the death of Dr. Crowe. The friends of the University every where will be gratified to know that so eminent a man and so attractive a teacher as Professor Parvin has again been added to its corps of instructors.

AMONG the many generous words spoken in many different quarters of the appointment of the junior editor of this journal to the chair of obstetrics, etc. in the University of Louisville, none have been more terse than the following from the distinguished editor of the Philadelphia Medical Times:

A better choice could not have been made, and we most heartily congratulate both college and professor.

DR. L. S. McMURTRY.—Dr. McMurtry, of Danville, Ky., a very valued contributor to the *AMERICAN PRACTITIONER*, a physician of varied learning and accomplishments, has been called to the chair of Anatomy in the Kentucky School of Medicine. The trustees of the school could not have made a better selection. It is understood that Dr. McMurtry will remove to Louisville in January next and engage in general practice. His loss will be keenly felt in Danville, his old home; but Louisville will afford him a larger field for usefulness and distinction.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The ninth annual session of the American Public Health Association will be held at Savannah, Georgia, beginning November 29th and continuing four days. It is expected that the meeting will be large. The subjects that legitimately come before the Association are of importance to every section of the Continent, and will, we doubt not, be brought forward and discussed in a manner which will inure to the public good.

Savannah is a quaint, delightful old town, the home of many charming people, and the time selected for the meeting of the Association is a pleasant one for visiting them.

# THE AMERICAN PRACTITIONER.

DECEMBER, 1881.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### EPIDEMIC CONVULSIONS.\*

BY DAVID W. YANDELL, M.D.†

*Professor of Surgery, University of Louisville, Kentucky, etc., etc.*

Extraordinary interest was excited in the popular mind of Kentucky at an early day by a form of convulsive disease which, though it had been witnessed elsewhere in the world, had never before assumed a shape so decidedly epidemic. Among the Camisards or French Prophets, who appeared in the mountains of the Cevennes toward the close of the seventeenth century, the subjects when about to receive the gift of prophecy were often affected with trembling and fell down in swoons. When the fit came, no matter where they were, they fell, smiting

\* Reprinted from "Brain."

† The larger part of the materials contained in this paper were collected by my father, the late L. P. Yandell, M.D., and were intended to be embraced in the Medical History of Kentucky, a work on which he was engaged at the time of his death. I have done little more than arrange and place them in their proper chronological order.—D. W. Y.

their breasts with their hands, crying for mercy and imprecating curses on the Pope. They were finally, after an obstinate struggle, put down by their insane persecutor, Louis XIV.\*

Epidemic convulsions prevailed in Scotland half a century later. Multitudes, under pungent preaching, were violently agitated, uttering loud cries, shaking, trembling, bleeding at the nose, the minister promoting the uproar by urging them not to stifle their convictions. The shriek or the shout, it is stated, never rose from one but that others joined the outcry.† The early career of John Wesley is well known to have been marked by similar disorders. In his journal he records numerous instances of men and women dropping to the ground under his preaching "as if struck by lightning," ten or a dozen praying at once. They had also prevailed extensively in New Zealand half a century before they became epidemic in Kentucky. The elder Edwards has left an instructive account of the bodily agitations which accompanied the revivals of religion from 1735-1742. Many instances are given of fainting, falling, trance, numbness, outcries, and convulsions, and he relates that some of the subjects lost their reason.‡ The epidemic of Kentucky spread more widely, and persisted for a longer time, as well as in more extravagant forms. It continued to reappear for several years, and involved a district of country extending from Ohio to the mountains of Tennessee, and even into the old settlements in the Carolinas. Lorenzo Dow relates that at a religious meeting in the court-house of Knoxville, when the Governor of Tennessee was present, he saw one hundred and fifty people "jerking" at one time. But at other places the frenzy reached a greater height. It was computed that at a religious meeting in Kentucky not less than three thousand persons fell in convulsions to the ground.

The extraordinary religious excitement in which these nervous disorders took their rise commenced in Logan County, Ky., under the preaching of Rev. James McGready, described as a

\* Encycl. Amer., art. "Cevennes."

† Rees's Cyclopaedia, art. "Imitation."

‡ Edwards on Revivals.



man of "hideous visage and thunder-tones," with a highly impassioned style of eloquence.\* The excitement abated soon, but was renewed in a more intense form three years later, and continued to grow and deepen until it reached its height about the year 1800. Its effects were described by this fiery preacher as at that time "exceeding every thing his eyes had ever beheld upon earth." Families came in wagons forty, fifty, and a hundred miles to attend the meetings, and it became necessary to establish camps for their accommodation. These camp-meetings generally continued four days, from Friday to Tuesday morning, but sometimes they lasted a week. One succeeded another in rapid succession, and thus the fervor of religious feeling was kept up. The woods and paths leading to the camp-ground seemed alive with people. "The laborer," says Dr. Davidson in the work just quoted, "quitted his task, age snatched his crutch, youth forgot his pastimes, the plow was left in the furrow, the deer enjoyed a respite upon the mountains, business of all kinds was suspended, dwelling-houses were deserted, whole neighborhoods were emptied, bold hunters and sober matrons, young men, maidens, and little children flocked to the common center of attraction. Every difficulty was surmounted, every risk ventured to be present at the camp-meeting."

The concourse became immense. At one of these assemblages the attendance was computed at twenty thousand souls. And here were united all the elements best suited to stir the emotional nature of man and to derange his nervous system. The spectacle at night, as Dr. Davidson depicts it, was one of the wildest grandeur. With great beauty of description he says, "The glare of the camp-fires, falling on a dense assemblage of heads simultaneously bowed in prayer, and reflected back from long ranges of tents upon every side; hundreds of candles and lamps suspended among the trees, together with numerous torches flashing to and fro, throwing an uncertain light upon the tremulous foliage; the solemn chanting of hymns swelling and falling on the night wind; the impassioned exhortations, the

\* Dr. Davidson's History of the Presbyterian Church in Kentucky.

earnest prayers, the sobs, shrieks, or shouts bursting from persons under intense agitation of mind; the sudden spasms which seized upon scores, and unexpectedly dashed them to the ground—all conspired not only to invest the scene with terrific interest, but to work up the feelings to the highest pitch of excitement.”\*

To these circumstances that tended so powerfully to excite the nervous centers we have to add others which gave intensity to their effect. The meetings were protracted to a late hour in the night, keeping the feelings long upon the stretch. A reverent and general enthusiasm ascribed the bodily agitations to a mysterious, divine agency. The preaching was fervid and impassioned in the extreme. Many of the preachers, unable to control their emotions during the sermon, went around in “a singing ecstasy,” shouting and shaking hands with others as much excited as themselves. In this way every thing was done to “heap fuel on the fire,” and it was at such meetings that thousands fell in convulsions to the ground.

Some of the actors in these strange scenes have left records of the state of their minds, which show that they were in a condition bordering on insanity, if not actually insane. One of them relates that while under conviction on account of his sins he went about the woods for two years, through rain and snow, “roaring, howling, praying, day and night.” And when light and hope broke in at last upon his mind, which he describes as a “rushing, mighty wind that descended from heaven and filled his whole being,” he went shouting over the encampment all night and a great part of the next day. He continues, “I now made the mountains, woods, and canebrakes ring louder with my shouts and praises than I once did with my howling cries. I never fell on my knees in secret but the Lord poured out his power, so that I shouted out aloud. Sometimes I shouted for two or three hours, and even fainted under the hand of the Lord. I was ready to cry out at the name of Jesus. The brightness of heaven rested continually upon my soul, so that

\* Dr. Davidson's History of the Presbyterian Church in Kentucky.

I was often prevented from sleeping, eating, reading, writing, or preaching. I would sing a song or exhort a few minutes, and the fire would break out among the people. I have spent nine nights out of ten (besides my day-meetings and long, hard rides) with the slain of the Lord.”\*

Granade is the preacher who gives this description of himself, which is also descriptive of his times. He was a stormy orator who drew great crowds wherever he went. He admits that he went by the name of “the distracted preacher,” but says that at one of his meetings “the people fell as if slain by a mighty weapon, and lay in such piles and heaps that it was feared they would suffocate, and that in the woods.” So violent was his manner, stamping with his feet and smiting with his hands, that he often broke down the stands erected for him in the woods. Once, it is told of him, he was addressing a class-meeting in the upper story of a dwelling-house, when the room below was crowded with worshipers, and being in what the historian calls “one of his big ways” he exclaimed, “I feel like breaking the trigger of hell,” and at the same time gave a tremendous stamp with his foot which actually broke one of the joists. The people below, hearing the sudden crash, ran screaming to the door, some of them really imagining, as the writer of all these events relates, “that hell had overtaken them.”†

Granade was of an excitable temperament and vivid imagination. His person was commanding, and with a sounding voice and most impassioned manner his oratory produced startling effects.

Another feature of these excited meetings which served still further to intensify the feelings of the people who attended them for days and nights together, was the part taken in them by children. Nothing was more affecting to the congregations than the sight of a little boy or girl, on a log or stump, passionately exhorting the multitude. Thus, a boy who appeared to be about twelve years of age is described as having retired from the stand at Indian Creek, Ohio, during the sermon, and mounting a log,

\* McFerrin's Methodism in Tennessee.

† Ibid.

and raising his voice to a high pitch, soon had nearly all the congregation with him. "With tears streaming down his cheeks he cried aloud to the wicked, warning them of their danger, denouncing their certain doom if they persisted in their sins, expressing his love for their souls and desire that they should turn to the Lord and be saved." A man on each side held the boy up, and he spoke for about an hour. When quite exhausted, and language failed to give utterance to his emotions, the little orator raised his hands, and dropping his handkerchief wet with tears and perspiration cried out, "Thus, O sinner, shall you drop into hell unless you forsake your sins and turn to the Lord." "At that moment," the writer of this account continues, "some fell like those who are shot in battle, and the work spread in a manner which human language can not describe."\*

McNemar instances boys of eight and ten years, and the Rev. John Lyle mentions one of seven, who called on sinners to repent with an eloquence singularly overpowering. Possessed by one dominant idea, the people gave themselves up to the wildest enthusiasm, and it was no uncommon thing for them to spend the whole night in religious orgies such as have been described.†

The spectacle of persons falling down in a paroxysm of feeling was first exhibited at Gasper River Church, in one of McGready's congregations in the summer of 1779. The movement proved highly contagious, and spread in all directions. After a rousing appeal to the feelings of the listeners, and especially during spirited singing, one and another in the audience would fall suddenly to the ground and swoon away. Not only nervous women, but robust young men were overpowered. Some, continues the historian, fell suddenly as if struck by lightning, while others were seized with a universal tremor before they fell shrieking.‡ Dr. Blythe, who often witnessed scenes of this sort, assured Dr. Davidson that he had once felt the sensation himself, and only overcame the tendency to convulsion by a

\* McFerrin's Methodism in Tennessee.

† Davidson, op. cit.

‡ Lyle's Diary.



determined effort of his will. A few shrieks never failed to put the assembly in motion and set men and women to falling all around. A sense of "pins and needles" was complained of by many of the subjects, and others felt a numbness of body and lost all volitional control of their muscles. It soon grew into a habit, and those who had once fallen were ready to fall again under circumstances by no means exciting. Women who had suffered repeated attacks sometimes fell from their horses on their way to or from the meeting-house while relating their past religious exercises.

The condition in some of the subjects was cataleptic, lasting generally from a few minutes to two or three hours; but in a few cases it continued many days. Others were violently convulsed as in hysteria or epilepsy—"wrought hard in fitful nervous agonies, the eyes rolling wildly." Most were speechless, but some were capable of conversing throughout the paroxysm. The extremities were cold, the face was pale or flushed, the breathing hard. Sensibility was annulled. Mr. Lyle, one of the prominent preachers of the times, having been furnished by Dr. Warfield with a vial of hartshorn, applied it to a stout young man who was lying flat on his back, and inadvertently let some of the fluid run into his nostrils, but he took not the slightest notice of it.\* Others who fell hard to the ground, or in running encountered stumps or trees, felt no pain from the violence. So many fell at Cabin Creek camp-meeting, it is related, that to prevent their being trodden upon "they were laid out in order on two squares of the meeting-house, covering the floor like so many corpses." At Paint Creek sacrament two hundred were estimated to have fallen; at Pleasant Point three hundred were prostrated; while at Cane Ridge, as has been stated, the number who fell was believed to have reached three thousand.

The "jerks," as they were termed, presented some novel and remarkable features. Their first occurrence is reported to have been at a sacramental meeting in East Tennessee, where several hundred people of both sexes were seized with this strange

\* Davidson's History.

convulsive movement. The Rev. B. W. Stone has left a vivid description of it. Sometimes, he says, the subject was affected in a single member of his body, but at others the spasms were universal. When the head alone was affected it would be jerked from side to side so quickly that the features of the face could not be distinguished. When the whole system was affected, he continues, "I have seen the person stand in one place and jerk backward and forward in quick succession, the head nearly touching the floor behind and before. All classes, saints and sinners, the strong as well as the weak, were thus affected. I have seen some wicked persons thus affected, and all the time cursing the jerks, while they were thrown to the earth with violence."\*

The first form in which these spasmodic movements made their appearance was that of a simple jerking of the arms from the elbow downward. When they involved the entire body they are described as something terrible to behold. The head was thrown backward and forward with a celerity that alarmed spectators, causing the hair, if it was long, "to crack and snap like the lash of a whip."†

The most graphic description of the "jerking exercise" was written by the Rev. Richard McNemar, an eye-witness of the frenzy, as well as an apologist, believing it to be a display of divine favor. In his *History of the Kentucky Revival* he says, "Nothing in nature could better represent this strange and unaccountable operation than for one to goad another alternately on every side with a piece of red-hot iron. The exercise commonly began in the head, which would fly backward and forward and from side to side with a quick jolt, which the person would naturally labor to suppress, but in vain; and the more any one labored to stay himself and be sober the more he staggered and

\* McFerrin's *Methodism in Tennessee*.

† Dr. Davidson, who relates this singular fact, felt it necessary to authenticate the statement by referring to eye- and ear-witnesses of its reality. I remember to have heard my grandmother describe, when I was but a little boy, the same thing as occurring in a woman at a camp-meeting near her home in Tennessee in 1810.

the more his twitches increased. He must necessarily go as he was stimulated, whether with a violent dash on the ground, and bounce from place to place like a football, or hop round with head, limbs, and trunk twitching and jolting in every direction as if they must inevitably fly asunder. And how such could escape without injury was no small wonder to spectators. By this strange operation the human frame was commonly so transformed and disfigured as to lose every trace of its natural appearance. Sometimes the head would be twitched right and left to a half-round with such velocity that not a feature could be discovered, but the face appeared as much behind as before. Head-dresses were of little account among the female jerkers. Handkerchiefs bound tight round the head were flirited off with the first twitch, and the hair put into the utmost confusion. This was of very great inconvenience, to redress which the generality were shorn, though directly contrary to their confession of faith. Such as were seized with the jerks were wrested at once, not only from under their own government, but from that of every one else; so that it was dangerous to attempt confining them or touching them in any manner, to whatever danger they were exposed. Yet few were hurt, except such as rebelled against the operations through willful and deliberate enmity, and refused to comply with the injunctions which it came to enforce."

The same writer gives the history of a case of jerks as follows, and no case could illustrate more strikingly the nature of the affection: A young man of a pious family, the son of a tanner, feigned sickness one Sunday morning to avoid going that day to camp-meeting. He kept his bed until he was assured that all the family except a few negro children had left the premises, and was much pleased at the success of his stragem. As he lay quietly in his bed his thoughts naturally turned to the camp-meeting in progress. The assembled multitude, excited, agitated, convulsed, rose up vividly before his mind. All at once, while occupied with the scene, he felt himself violently jerked out of bed, and dashed round the walls in a manner utterly beyond his control. Prayer, he remembered, was deemed effi-

cacious in such circumstances, and he fell upon his knees in the hope that it would prove a sedative in his case. It turned out as he hoped, and he returned to bed, happy at finding the spirit exorcised. But the enemy soon returned; the jerks were as bad as ever, but were again allayed by prayer. Dressing himself, he now went to the tanyard, and set about currying a hide to occupy his mind. He rolled up his sleeves, and, grasping his knife, was about to commence the operation, when suddenly the knife was flung out of his hand, and he was jerked violently backward over logs and against fences, as before. Gaining relief by resorting once more to prayer, he ventured to resume his occupation, but was again seized with convulsions, and at last forsook the tanyard and betook himself to strong cries for mercy, at which he was found engaged by the family on their return from the meeting in the evening.\*

Another characteristic example is related by a writer in the *Gospel Herald*:† A gentleman and lady of some note in the fashionable world were attracted by curiosity to the camp-meeting at Cane Ridge. They indulged in many contemptuous remarks on the way about the poor infatuated creatures who rolled over screaming in the mud, and promised jestingly to stand by and assist each other in case that either should be seized with the convulsions. They had not been long on the ground looking upon the strange scene before them, when the young woman lost her consciousness and fell to the ground. Her companion, forgetting his promise of protection, instantly forsook her and ran off at the top of his speed. But flight afforded him no safety. Before he had gone two hundred yards he too fell down in convulsions, "while a crowd flocked round him to witness his mortification and offer prayers in his behalf."

These nervous disorders assumed many other grotesque forms besides those which have been described. The subjects often rolled over and over on the ground, or ran violently until worn out by the exertion. Hysterical laughter was another modification. Instances of laughter were only occasional at first, but

\* History of Methodism in the United States.

† Davidson, *op. cit.*



it grew, until in 1803 the "holy laugh" was introduced systematically as a part of religious worship. Sometimes half the congregation, apparently in the most devout spirit, were to be heard laughing aloud in the midst of a lively sermon. As the excitement grew the infatuated subjects took to dancing, and at last to barking like dogs. McNemar says they actually assumed the posture of dogs, "moving about on all-fours, growling, snapping the teeth, and barking with such an exactness of imitation as to deceive any one whose eyes were not directed to the spot."\* Nor were the people who suffered so mortifying a transformation always of the vulgar classes. Persons of the highest rank in society, on the contrary, men and women of cultivated minds and polite manners, found themselves, by sympathy, reduced to this degrading situation.

The "barks" were looked upon at first as a chastisement for remissness of duty, and the only way to escape them was to engage in the holy dance. But, from being regarded as marks of guilt, these wretched exercises came to be esteemed "tokens of divine favor and badges of special honor."† With these manifestations the insanity reached its height in about three years after it began to show itself.

It was one of the popular beliefs of the times that certain instincts or conditions of the system would avert these nervous attacks. Thus it was held that a woman with a child in her arms or conscious of approaching maternity was in no danger. But there was no truth in the supposition. The maternal instinct, at least, had no effective efficacy. An instance is related where a woman mounted the stand with an infant in her arms, for the sake of a better prospect, and that being suddenly seized she fell backward, dropping her child. Some one fortunately saw the danger in time to seize and save the child before it fell to the ground.‡

A large proportion of the members of every congregation had power to resist the convulsive tendency. In a great majority no such tendency probably existed, but where there was a

\* Davidson.

† Ibid.

‡ Ibid.

conscious impulse toward the convulsions it could be restrained by most persons before it had been yielded to too long. Dr. Blythe had but little of the disorder in his church. He discountenanced the wild enthusiasm from the beginning, and threatened to have any one who became convulsed turned out of doors. The religious frenzy soon began to abate when the clergy set their faces against the stormy exercises. Rev. Joseph Lyle, on the second Sabbath of July, 1803, preached in his church a significant sermon on Order. The congregation had come together expecting the usual displays of feeling; but though some were angered by his doctrines, and some strove to promote the confusion of intermingled exercises, only a few "fell," and, altogether, moderation triumphed. This was the first sermon preached against the fanaticism.

It is a remarkable fact that notwithstanding the intensity and duration of this nervous disorder no instance is recorded in which permanent insanity resulted from it. Such results were to have been expected. Insanity is mentioned by Edwards as having attended the excitement in New England, and it may be that reason was dethroned in some whose cases have not become matters of history. In a few years, after a sounder public opinion began to assert itself, instances of the disorder had become rare; but it was many years before the epidemic entirely ceased.

As to its nature, there was but one opinion among medical men from the beginning. All referred it to a derangement of the nervous system. Dr. Felix Robertson, of Nashville, described the affection in his thesis, published in Philadelphia in 1805, as a form of chorea. In some cases it took the form of that disease; in others it bore a stronger resemblance to epilepsy; while in a greater number it partook rather of the character of hysteria. It was eminently sympathetic in its nature, as has been so often remarked of these affections. The convulsions once started in a congregation spread quickly through it, until all the fit subjects were convulsed. Repetition greatly increased the proneness to the disorder, which was invited by the masses on the supposition that it was a true religious exercise.

These perverted muscular movements all come under the head of morbid reflex action. By the continued religious fervor the central portions of the brain, the immediate seat of emotion and feeling, became inordinately excited. The impression, transmitted downward to the spinal cord, threw the muscles of voluntary motion into convulsions. Sensibility, which has its seat in the sensory ganglia, was generally annulled. When the hemispheres became involved the subjects fell into a state of unconsciousness or coma. In this abnormal condition of the nervous centers the bare recollection of the distressing scenes was sufficient, in many cases, to excite the convulsive movements. The former belong to sensori-motor actions. This last is an example of ideo-motor movement, instances of which are afforded by the act of vomiting, which may be caused by the recollection of disgusting sights or odors. The principle of imitation accounts for the rest. The great nervous centers in multitudes of people being in a state of polarity, any unusual exhibition of feeling would throw the more excitable into spasms, and the affection would then spread by sympathy, as hysterical convulsions and chorea are known to spread among girls at boarding-schools. And as fear has checked these, the epidemic convulsions were checked by reason and common sense, and finally ceased under the law which limits all violent action.

LOUISVILLE, KY.

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## MALARIAL INTOXICATION.

BY J. C. WATERS, M.D.

When selecting a title for the group of symptoms which I think ought to be classed under the above heading, I was induced to do so by the strong resemblance of their semeiology to that of the drunkenness produced by alcoholic liquors used

to excess. A typical case or two will serve to illustrate my meaning.

On the 17th July last a man named J. Shaunnessy, aged about forty-five years, waited on me at my office as a patient. When he entered the room I observed that he staggered a good deal, as if under the influence of drink. His eyes appeared heavy and dull, his complexion was sallow, and his speech was not clear. I asked him if he had been indulging in ardent spirits or beer, and he replied that he had not during some months, but that he had had a severe attack of ague some time in the spring, from which he recovered about a month before his application to me. I asked him to walk the floor until I could mark his motion. It was decidedly as gyrating as it could be with the possibility that the man could maintain his equilibrium. I could not detect any spirituous odor upon his breath, and on examination found no appearance of congestion on the conjunctiva. He had no vomiting, no acid eructations. His appetite was good. His rest was equable and refreshing. He complained of no fever. His bowels were regular. He had no headache, and on first rising in the morning felt the slightest inconvenience. He complained of a sensation of vertigo, or, as he called it, "dull dizziness," which to him produced or seemed to produce the staggering gait with which he tottered when walking. He could walk rapidly without falling, and could shut his eyes and draw his heels close together. His tongue was clean, his appearance indicated him fairly nourished, and he had no noises in his ears (*tinnitus aurium*). He had not been lying in bed with his malaria, but had been around until he shook it off. He felt this dizzy sensation coming on by degrees, and it remained on him all the time now. He had been under the care of the dispensary doctors for his symptoms, but had not improved. He never had epilepsy; in fact, had no symptom to account for his condition. I turned my attention to his heart, which I found healthy, if I except a louder aortic bruit than usual, such as is found in aggravated cases of dyspepsia occasionally. He had noticed his condition in a few days after his



recovery from the attacks of ague, and it seemed synchronous with the intense heat. I directed him to go back to the dispensary, and wrote a note with him to state that I suspected there was some congestion of the vessels of the brain, with the suggestion that iodide of potass might be of use and tonic doses of some of the cinchonides. I saw him in ten days afterward walking better than before, but in a week or so I read in the newspaper that he had died suddenly. I had no opportunity to verify my diagnosis, as he had not been under my care. However, it awoke my attention to the subject of the possibility of malarial intoxication, and subsequent experience verified my observation.

The next case was one which occurred in the person of a gentleman whose habits are temperate. He had been annoyed with malarial attacks from time to time. He had paid careful attention to his health, and after a week's suffering usually got rid of them. On such occasions, however, he suffered much from biliousness, and afterward he enjoyed the best of health. His age was forty-five years—a well-built man, of clear intellect, and ordinarily ready of movement. He came to me in August, about the 3d, and told me he was “on a cheap drunk,” to use his own words. I was surprised at his observation, when he drew my attention to his movements. He staggered not quite so much as Shaunnessy, but in just the same manner. He told me that as early as June, after a malarial attack that he had in May, he noticed some dizziness when he walked, but as it was slight he did not pay serious attention to it. He noticed that at night it troubled him a good deal more than in the day, and he did not wish to walk out alone then. Absorbed in a number of duties, he contented himself with some ordinary anti-malarial remedies, and took care that his bowels were regular. Never a capricious eater, he used only substantial and healthy food. But notwithstanding the regularity of his habits, never using tobacco, sober, and orderly in his hours of retirement, he was surprised that more or less he was troubled with dizziness. During a week or so he had, however, perfect freedom from it until the evening before he came to consult me. On that after-

noon he felt so well that he walked out in the evening, although it was in the heated term, and returned home in good spirits. He was speaking to his wife about the events of the day, when of a sudden he fell with his chair to the floor. He experienced no difficulty when he realized that he had fallen, but rose again and calmed his wife, who was much alarmed, and at the time found no dizziness. The sensation he felt was as sudden as a paralytic stroke, he said. The table near which he sat at the time appeared to turn over on him, as if he were falling through a pit whose roof gave way under him, and he explained his fall with the chair by the recollection that he endeavored to spring away from the table toppling over on him, as he thought. I prescribed for him, but he returned in two days after to tell me that he had had another sudden attack, in which he fell to the floor again from a standing position, but rose at once without difficulty. He has remained under my care since with the symptoms much moderated, as he never falls, although at times a temporary vertigo lasting about twenty seconds attacks him, and its violence is very limited.

These are two of the strongest types of a condition that springs from malaria, and of which with milder symptoms I have had no less than thirty-two cases under my treatment this summer. In all these thirty-two cases the condition of giddiness, the staggering gait caused by it, has been preceded by a malarial attack more or less severe, but invariably pronounced. In one instance I found a strange symptom produced, which was that when the finger was introduced into the right ear in order to plug it, as it were, the giddiness was produced. This reminded me, in its way, of Meniere's disease so-called, and further analogies to the same form of symptoms could be noticed.

I had supposed that the extreme heat had much to do with this condition, but since the temperature has become moderated cases present themselves as frequently, not indeed taking the typical form of the extreme cases which first attracted my attention to it, not presenting that apoplectiform character of seizure which is so alarming to the patient, but decidedly showing the

intoxication which I found difficult to treat. I will not here discuss the question as to what portion of the brain or of the medulla oblongata was the seat of the attacks. For the present I merely give the symptoms of this very alarming form of the sequela of malarial influence, reserving for the future my opinion as to the causes of its production, the question of treatment being for the present the most important.

Trousseau, whose very accurate observation led him to employ valerian in forms of vertigo, in his work on therapeutics published in Paris in 1869, gives very full testimony as to the value of that drug in those obscure cases, uncombined with the apoplectic diathesis, which occur sometimes in every body's practice. Of course therefore I tried valerian in the instances of the lesion which first came under my notice, rather as a palliative of the urgent symptoms than with any hope of its stable efficacy. It justified my expectations on this score. But there was a step further to be made, for the symptoms, though they were abated, remained. In this juncture the pages of the distinguished Bretonneau offered a resource for information not to be overlooked. In his well-known paper on Lesions of the Functions of the Brain he shows the close connection between the condition of the stomach and brain-symptoms in certain states of the former organ. He testified that in a large number of cases the vertigos which he was called on to treat were accompanied by palpitations of the heart, a sensation of syncope, and acid eructations—symptoms showing in themselves much dyspeptic trouble. In those cases he tried the effect of his well-known formula of a powder composed of 15 grs. bicarbonate of soda with  $7\frac{1}{2}$  grs. carbonate of magnesia, given three times daily for five or six days continuously, followed at their end by an infusion of quassia formed by the deposition of 30 grs. quassia in half glass water for twenty-four hours, and taken after the two principal meals. I tried this plan of treatment also, with results only half commensurate with success.

I had previously formed the opinion that iodide of potassium was the most valuable agent that could be used in these cases,

from the gravity of the cephalic symptoms, and I considered that a combination of the treatment of Trousseau and Bretonneau, together with that valuable medicine, would meet every exigency of these cases. I therefore placed my patients on the bicarbonate of soda with magnesia, with the infusion of quassia and fluid extract of valerian after the first day. At the close of four or five days I omitted the soda and magnesia, which I directed always to be used before meals, and substituted for it the formula of a prescription published in 1864 and 1865 by Dr. Brown-Séquard as follows:

R Sodii iodidi, . . . . . ʒ ijss;  
 Soda bicarb, . . . . . ʒ j;  
 Infus. calumba, . . . . . fl ʒ ij;  
 Tinct. rhei, . . . . . ʒ ij. M.

S. A teaspoonful and a half three times daily before meals, with a little water.

This formula, it will be seen, is the most active shape in which the iodides can be used, and with the quassia and valerian after meals has been the most effective in my hands in these cases. In such of them as showed a recurrence of malarial symptoms I suspended the treatment for a time, attacking the paludal fever by arsenic, and in one case alone so far have I not fully succeeded. I am inclined to think that like Meniere's disease in 1872 this was somewhat epidemic in the present year, and may well be watched in the future.

INDIANAPOLIS.



A RÉSUMÉ OF RECENT PROGRESS IN OBSTETRICS  
AND DISEASES OF WOMEN AND CHILDREN.\*

BY EDWARD ALCORN, A.M., M.D.

This retrospect is necessarily brief. I have searched with some care a few of the periodicals of the day, and have embodied in this report some of the ideas of a few of the leading gynecologists in this country and abroad upon subjects bearing directly upon the subject assigned to me.

At a late meeting of the Obstetrical and Gynecological Society of St. Louis the management of the cord after delivery was fully and interestingly discussed. Dr. Moses mentioned in a very pleasing way the method of Dorhn, of Vienna, to show the absurdities sometimes reached by scientific men. He ties the cord several inches from the body, washes it with carbolized water, ties it with a carbolized ligature, and a carbolized compress applied; this to remain seven days, then removed and antiseptic dressings renewed. He prefers Goodell's plan—let it hang free and unbound, exposed to the air.

The text-books, as a rule, direct that the cord should be cut as soon as the child cries lustily and breathes freely.

Some authorities now contend that the child after birth receives a certain quantity of blood from the placenta which is essential to its well-being; that from two to three ounces of blood are squeezed through the uterine contractions into the vessels of the child, aided by the suction-force of the respiration.

Hofmeier, of Berlin, instituted thirty-two experiments, placing the child after it was born and before the cord was tied on delicate scales to note its weight then and also the change in weight after some minutes had elapsed. The result was an average increase in weight of two ounces. In order to get the full benefit of this "reserve blood" this author contends that it is best not to tie the cord until the placenta is expelled by the

\* Read before the Central Kentucky Medical Association, October 19, 1881.

uterus. Should it be suddenly thrown off with the child, the placenta should be squeezed with the hands to give the child the benefit of all the blood physiologically belonging to it. If the cord be cut early and allowed to bleed, a condition of anemia is set up, which tends to lessen the sensibility of the medulla. When the cord is cut late the child begins with an extra supply of blood in the system, which is adequate for its wants until milk is secreted.

Sweifel, of Erlangen, asserts that children in whom the cord is tied late thrive better, are heavier at the end of a week than those whose cords are cut immediately after birth. These recent methods of treating the funis have always been practiced by the frontier savage; so says Dr. Engleman, of St. Louis, whose knowledge of their habits and customs is superior to that of any medical gentleman of whom I have read.

Dr. Madden, of Dublin, before the Obstetric Section of the late International Medical Congress at London, spoke encouragingly of the efficiency of perchloride of iron in arresting post-partum hemorrhage. In a practice of more than twenty years he had seen only one death from this cause. According to his experience the great majority of the cases of post-partum hemorrhage occurred in multiparæ, and the probability of its occurrence was in proportion to the number of the patient's previous confinements. He urges in such cases, where there is any reason to anticipate hemorrhage, that the membrane should be ruptured as early as possible during labor, so as to allow the uterus to contract gradually and firmly. A dose of ergotin or a dram of fluid extract of ergot should be injected hypodermically before the head begins to press upon the perineum. As a prophylactic of hemorrhage he thought a course of any astringent preparation of iron, given during the last months of pregnancy, was emphatically useful. The injection of hot water into the uterus was only beneficial in those cases where the vital powers were lowered by excessive hemorrhage. He had no faith in the injection of ice-water or blocks of ice passed into the cavity. His method was to saturate a sponge in a solution of perchloride of iron and

pass it into the cavity, and there held by the hand until uterine contractions forced it and the hand out into the vagina. With reference to collapse from excessive hemorrhage, he thought transfusion useless, but advocated the hypodermic injection of ether, as suggested by Von Hecker. With it his experience had been most gratifying.

On the 26th of March last a woman at full term was brought into the wards of Von Hecker in extreme collapse, with all the objective signs of ruptured uterus. The child was delivered, and a vaginal examination disclosed a large rupture in the cervix, penetrating through all the coats. It was large enough to admit the hand into the peritoneal cavity. The fingers were introduced through the rent, following the cord to the placenta, situated on the left side, and was readily extracted. The day following the abdomen became very painful and tympanitic, and excessive vomiting of green fluid followed. Thirteen hours after delivery a drainage-tube was introduced, allowing a considerable quantity of bloody fluid to come away. The bladder was emptied by catheter. Iced compresses and opium were used without stint. The temperature did not rise above  $98^{\circ}$ , and in two weeks the rupture was firmly cicatrized. The simplicity and applicability of this method of treatment is suggestive. Drainage is the cardinal point in the treatment of such accidents.

At a recent meeting of the Royal Medical and Chirurgical Society of London Mr. Spencer Wells read a paper summarizing the results of two hundred cases of ovariectomy, completing one thousand cases under his care. The mortality of the ninth series of one hundred cases was seventeen; that of the tenth, eleven. Of the thousand cases two hundred and thirty-one have died. The mortality has steadily diminished from thirty-four in the first hundred to eleven in the last. Since the eight hundred and eighty-eighth case all the operations have been in private practice, and all have been done antiseptically. Mr. Wells inquires how far this lessened mortality was due to antiseptic precautions or to improvements in the mode of operating. He stated that he formerly had cases whose temperature reached  $104^{\circ}$  and

108°; now in an entire year he had seen no case whose temperature arose above 101°.

At a meeting of the *Société de Biologie* M. D. Sinety reported having had opportunities to make a number of autopsies on women who died during menstruation, and that he found the mucous membrane intact. He examined carefully too all fluids expelled during menstruation, but was not able to detect the slightest trace of corpuscular elements of the mucous membrane. He concludes therefore that desquamation of the uterine mucous membrane—a process assumed by many to be a physiological one—does not occur during menstruation.

Recently before the Obstetric Society of Dublin Dr. Smiley read a paper upon Utero-vaginal Injections in Childbed. He said that it was a practice of great antiquity, but of late years its employment exceeded that of former times. The reasons were twofold. First, the accepted dictum of Semmelweis that “puerperal fever was, without exception, a fever of absorption of decomposed animal organic matter,” which led to a belief in the identity of that fever with septicemia and pyemia. Second, the wonderful power of so-called Listerism in preventing the diseases in the field of general surgery, which leads to a desire for the employment of similar antiseptic precautions in childbed. In a few words he deprecates its universal use for the reasons simply—First, owing to the high state of nervous excitability at the time of parturition the irritation often produced fits of hysteroleptiform convulsions, ending even in death. Second, the displacement of uterine thrombi, causing hemorrhage. Third, overdistension of the uterus, causing inflammation or possibly the escape of fluid through the fallopian tubes into the abdominal cavity. Fourth, by the entrance of air into the uterine sinuses. He admitted that in a certain number of cases, especially those in whom there was already gangrene, decomposition, or formation of gas going on in the uterus, it was most desirable. When such measures were necessary the common irrigator should be used, with metallic tube and stop-cock. All pumping syringes should be avoided.



Bearing directly upon this subject, Dr. J. M. Dennison in a late number of the *Medical News* reports the death of a patient in five days after using a vaginal injection of the infusion of tannin with an ordinary syringe. Acute peritonitis was the cause.

At the July meeting of the Medical Society of the County of Kings Dr. Burge made some very pertinent remarks upon The Placenta as a Tampon. His experience and observation lead to the belief that post-partum hemorrhage resulted more frequently from the early delivery of the placenta than from any other cause. He argues that if there is no pain and no plain reason for interference for the woman's safety make no traction upon the cord, no search for the placenta edges, no officious meddling of any kind. See that the uterus is well contracted, and it will remain so if the placenta is let alone. It is time to interfere when the first shock of labor is passed. If the placenta is in the womb its presence there is the best possible stimulus to contraction—better, he thinks, than one's hand; and if from any degree of inertia the womb is not disposed to contract, then the placenta (if detached) is the best possible tampon. He emphasizes this point, viz. that the placenta is the best and only tampon suited to the post-parturient condition; that after the complete separation, before it leaves the uterus or before it leaves the vagina, it possesses all the qualities of an unirritating, smooth, soft, and yet sufficiently firm barrier to the effusion of blood. Extract it before the time, and you have lost an advantage that you can't regain.

Dr. Webster Jones, of Chicago, as chairman of the Committee on Obstetrics, closed his report to the State Medical Society of Illinois with the following valuable aphorisms:

1. An intelligent confidence once thoroughly established between patient and physician does much to banish the terrors of the lying-in room.
2. It is possible to foresee and prevent the appearance of the most fatal form of eclampsia gravidarum.
3. Cleanliness is especially next to godliness in the case of

the accoucheur. Its absence renders one liable to professional homicide.

4. Modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well-proved means, and removing scientifically all inexplicable, accidental, or morbid states and conditions. Idleness is no longer an approved qualification for a degree in obstetrics.

5. The hand is the best uterine dilator.

6. The forceps should never be used until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every doctor should become skillful in their use, and they should never be left at home for fear of temptation.

7. Unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

8. The patient's hopeful confidence and the physician's industrious attention actually contribute to the physiological elements of labor. Anesthetics here are, to say the least, superfluous.

9. Bimanual aid in effecting the delivery of the placenta is not only proper but advisable. Skillfully rendered, the "cry of uterine inversion" becomes no longer a bugbear.

10. The continuous and intelligent counter-pressure over the fundus uteri during the child's exit, the delivery of the placenta, and the period of frequent oscillation, be that a shorter or longer time, is a safeguard never to be neglected.

11. Pursuant to the same end, the application of the bandage and its continuance as long as the uterine globe can be felt and embraced by it above the pubis contributes not only to the comfort but to speedy involution. After the seventh day close pressure must be interdicted.

12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating noticed within the first ten days after

labor, betoken the presence of phlebitis, and the possibility of an embolism or thrombus, and resultant sudden death.

13. The duties of an obstetrician are not excluded until a careful examination from six to eight weeks after parturition proves the integrity of all the organs concerned.

Before a late meeting of the Medical Society of the County of New York Dr. Charles C. Lee read an elaborate and well-prepared paper upon the Laceration of the Cervix, which elicited a long and interesting discussion by Drs. Emmet, Pallen, Mundé, Putnam, Jacobi, Wylie, and others. To sum it up, the paper and discussion amount to this, viz. that there is a tendency on the part of the leading gynecologists to narrow the scope of uterine trachelorrhophy rather than extend it. A reaction has set in, and conservatism is now the order of the day.

Dr. Emmet has taken a step in advance by abandoning the theory that the evil effects of lateral laceration are due to erosion produced by the weight of the uterus pressing the two lips down against the floor of the pelvis, and so spreading them apart.

It is narrowed down to this: As a rule, laceration of the cervix is of no lasting pathogenetic significance, except in so far as it serves to keep alive the embers of an old peritoneal or cellular tissue inflammatory process. In a certain proportion of cases proper treatment will cure the latter without any attention being paid to the laceration itself. When it fails you may know that the laceration is a hindrance to success, which can usually be remedied by the simple operation devised by Emmet.

During the same meeting and following the same discussion Dr. Polk urged that doctors might prevent many lacerations of the cervix by not rupturing the membranes until the os was fully dilated; that it was the rapid descent of the head through a contracted os that caused this fracture. Preventive measures should be more thoroughly studied.

Dr. Schultze, of Jena, has proposed a new method of diagnosing chronic endometritis. He uses a tampon of cotton soaked in glycerole of tannin applied directly to the cervix. It

is allowed to remain twenty-four hours, and he then removes it. On the spot corresponding to the *os* he usually finds a lump of pus not transparent, but of a more or less greenish color, which serves to distinguish it from the ordinary cervical mucus. When the endometritis is accompanied by catarrh of the cervix pus is found in intimate admixture with tenacious mucus of the latter, while when confined to the corpus uteri the pus produced remains separate.

Dr. Martin, of Berlin, adopts quite a sensible method in operating upon the uterus, vagina, and perineum. Instead of keeping the surfaces clear of blood by sponging, as is usually practiced, he employs constant irrigation. A bucket or tub holding several gallons of water carbolized stands at the side of and above the operating table. With the aid of a rubber-hose water is continuously conveyed to the wound. The constant stream not only disinfects the parts, but washes away all septic discharges that may be present, and has a tendency to check the bleeding in some degree.

In hysteria and epilepsy bromide of ethyl has lately been employed by many practitioners with the most satisfactory results. There is a future before it.

Dr. Paton reports in the British Medical Journal a case of croup which he claims to have cured by means of a soft catheter introduced into the trachea by the mouth, instead of doing a tracheotomy. He thought the case would have ended fatally without an operation. Tracheotomy seemed inadmissible. Neither the case nor the surroundings were favorable for it. When the tube had been in forty-eight hours it was removed, and at the end of the third day the child was able to breathe freely without the tube, and was entirely well the tenth day after the operation.

Drs. Lohtman and Rotenhauer, of the Children's Hospital in Breslau, report good results from the use of *resorcine* in the treatment of cholera infantum. Emesis is promptly arrested by it, and in minute doses the symptoms of collapse are ameliorated and diarrhea becomes less frequent. It is an anti-zymotic with-



out irritating properties. Patients take it well and the stomach tolerates it kindly. Its action usually appears in two days and a cure usually in six days. The dose is from ten to thirty centigrams.

Prof. Loshkewitz has crucially tested pilocarpin in the treatment of diphtheria, as recommended by Dr. Guttman. He used it in ten cases. Their ages ranged from two to seven years, and the disease when the treatment was adopted was in the first and third days. All the cases died. Dr. Guttman claims that the profuse salivation separates the membrane and arrests the extension of the disease.

Dr. Waschman had better results after using it in severe cases. He considers the remedy a dangerous one, as it produces a marked depression in the strength. He suggests that it be used conjointly with stimulants.

HUSTONVILLE, KY.

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## DILUTE ALCOHOL AS A DRESSING FOR WOUNDS.

BY LEVIN J. WOOLLEN, M.D.

At the late meeting of the International Medical Congress, Dr. Thos. Keith, of Edinburgh, declared against the use of antiseptic dressing,\* admitting that three cases of carbolic-acid poisoning had occurred in his practice. The high reputation of Dr. Keith as an ovariologist gives great weight to his opinions. Even Mr. Lister seemed to be in doubt as to the beneficial effects of carbolic-acid spray in abdominal surgery, and admitted that there were objections to the use of carbolic-acid dressings.

\*Dr. Keith declared against antiseptics in the operation of ovariectomy alone. In the dressings subsequent to this operation he advises their use, and in all other operations still uses them.—D. W. Y.

The practice of applying a solution of carbolic acid to wounds of various kinds is certainly very general among practitioners in this country. My limited experience in surgical practice leads me to believe that as ordinarily used, at least, it is of but little benefit, and, in fact, of less utility than many other remedies. Indeed I may say I have never used it with satisfaction to myself, and during the past few years have dispensed with it altogether.

Many years ago I read in the London Lancet that dilute alcohol, with the addition of laudanum when pain was present, was used in one of the London hospitals as a dressing to stumps of amputated limbs. Since that time I have used dilute alcohol as a dressing to open wounds in preference to any other means. The result has in each case been satisfactory to me. Pain and swelling are moderated by its use, while suppuration is usually reduced to a minimum.

A year ago my partner, Dr. A. G. Craig, and I removed from the arm of a female a large fatty tumor weighing over a pound and a half, closely adherent to the deeper structures of the arm, and requiring some dissection to separate it from its bed. No water was used about the wound except that which had been previously boiled, and the sponges were placed in boiling water before using. The wound after being closed was kept constantly wet with dilute alcohol. No suppuration occurred in the wound, which healed kindly and speedily. One or two little pustules showed themselves near the cut, but were superficial—merely under the cuticle—and had no connection with the wound. The patient was not a healthy one; indeed her case was so unfavorable for an operation that we postponed it for two weeks, meanwhile putting her upon proper treatment. She had loose, flabby muscles and that peculiar pallor of countenance which denotes impoverished blood.

To remove any impurities contained in the water, we had the water boiled in order to destroy the organisms contained in it. In addition to boiling the water I think it would be well also to filter it before washing out fresh wounds.

Alcohol is one of the best preservatives of animal tissues that we have. It is also destructive of bacteria, while, unlike carbolic acid, it is not a poison, and no harm can come from its application to raw surfaces.

VEVAY, IND.

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## FOREIGN CORRESPONDENCE.

*My Dear Yandell:*

LONDON, November 15, 1881.

If the prognostication of the Italian organ-grinder that the end of the world is to be this month be fulfilled, this letter will never reach you. We have, however, heard so many similar prophecies of late that a credulous public is beginning to be just a trifle incredulous concerning them. It is quite time that every one who prophesied the end of the world was relegated to the peaceful seclusion of a lunatic asylum; for though such predictions are treated as a joke by all rational people, yet they have often a most injurious effect on the minds of the weaker and more excitable portion of the community.

There have been numerous tirades under such headings as "Miscarriage of Justice," "Unjust Judges," etc., in the medical journals here, against the judges who awarded the prizes at the International Medical and Sanitary Exhibition at South Kensington. The *Lancet* says that the complaints are as justifiable as they are serious, and that it is equally impossible to find a satisfactory reason for some of the errors of omission and commission. One of the strangest blunders of all was made by the executive committee, who actually allowed one of the judges to adjudicate on articles for which he is the English agent—a blunder which has become a scandal from the fact that these articles received an award; and when we add that these articles were a "secret worm-powder" and an "oriental balsam," neither of

which ought ever to have been admitted to the exhibition, it is evident that we have here a miscarriage of justice which calls for instant correction. But almost as bad as this is the omission to give awards to some of the best drugs that were to be found in the exhibition. The British Medical also says that in some of the awards no principle is apparent, and it is clear that some of the most remarkable and valuable preparations have failed to win the approval of the judges. In this respect their decisions are palpably contrary to common sense, and to the verdict of the profession and of any one who will take the trouble to inquire. It remains for the members of the jury to explain why they passed over products of the highest pharmaceutical merit and why they gave high awards to certain trumpery secret preparations. It is certainly a matter requiring investigation how such articles gained access to the exhibition as a certain chemist's "certain cure for putting an end to tape-worms," and the same exhibitor's "miraculous balm, specially recommended to the ladies for correcting natural imperfections and the blemishes caused in the fair sex by the wear and tear of time, and which may be used on every part of the body to which cold cream is usually applied"; for Rule 8 orders that "Every article exhibited shall bear a descriptive label containing detailed information respecting its constitution, construction, and use. No secret preparations will, under any circumstances, be exhibited."

Richard Davy, M.B., F.R.C.S., surgeon to the orthopedic department of the Westminster Hospital, gave a very interesting clinique on resection of the tarsal arch in cases of intractable clubfoot. He showed several boys upon whom he had operated for the deformity, and plaster casts to show the condition before operation. As an example of the operation I can not do better than give you one of his cases as he himself described it.

*Talipes Equinus, Left Foot.*—J. B., aged twelve, admitted on June 22, 1881.

I met this boy in St. James's Park. My attention was drawn to his crutch and his progression on the dorsum of his left foot. The



boy gave me his correct address, and his mother readily sanctioned her son's admission into Westminster Hospital.

At three years and a half old his mother noticed that the boy walked lame, but there was no history of a fit; if any happened, it must have been nocturnal. At four years old he had measles in the Highgate convalescent home, and lost the sight of his left eye. His left foot had steadily become worse; there was wasting of the leg and gradual shortening. He had been treated twice in the Great Ormond Street Hospital, twice in Westminster, and twice in the Victoria Hospital for children. He had been freely tenotomized and galvanized.

On admission, it was seen to be an extreme case of left talipes equinus. The boy hobbled on a crutch, and supported partially his weight on the dorsum of the foot, over the summits of the metatarsal bones. The phalanges were all rigidly flexed. There were three large indurated corns and general thickening over the dorsum of the foot. The leg and foot were wasted, and there was shortening of the left leg to the extent of one inch. He had some old rubeolous scars over his trunk, arms, and legs. There was opacity over the lower segment of the left cornea. The sight of the eye was lost, but the globe was of the natural size.

On June 25th I resected this boy's transverse tarsal arch by means of a saw and a director. I dissected out a wedge-shaped piece of skin from the inner and outer sides of the left foot. With a blunt periosteal curved knife I freed the tendons, artery, vein, and nerves, so that the director could be freely passed between the bones of the tarsus and the important soft structures on the dorsum. The director was held by Mr. Butler as a retractor. The probe-ended saw was slid along the groove on the under aspect of the director, and an accurate wedge of bone was sliced out and readily removed by a pair of bone-forceps. The wedge included slices of the astragalus, os calcis, scaphoid, and cuboid bones. The base of the wedge was of course at the dorsum, the apex toward the sole. Natural contour was gained, and the foot was put up in a splint, and gum-and-chalk bandage applied over it. No dressings were used, but a daily wash of carbolyzed water.

August 11th. The boy's convalescence had been absolutely perfect. His foot and toes were at right angles to his leg. He left his bed today and was measured for a pair of ordinary boots, the sole of the left boot to be one inch higher than that of the right. A small granulating wound existed over the outer side of the foot.

August 23d. He put on his new pair of boots and walked up and down the ward, assisted by holding one hand of the nurse. It was the first time he had walked on the sole of the left foot for six years.

Another death from hydrophobia has occurred here. A spirit-merchant was bitten in the hand three months ago by a retriever. The dog had been bitten three months before by a small rabid dog. The merchant's wound was cauterized. On Monday he experienced pains and stiffness, which were attributed to cold, but on Wednesday he became unable to swallow liquids, and on Thursday he died. The case shows the great importance of destroying every dog bitten by another known or suspected to be suffering from rabies. It is only thus that serious outbreaks can be prevented.

The daily press a few days ago described a struggle between a policeman and a ferocious dog. There is no evidence, I believe, that the dog was rabid, but the occurrence has brought on the constable a flood of suggestions to prevent him from being attacked with hydrophobia. A clergyman gives him the advice, spirituous rather than spiritual, to get drunk upon whisky—a proceeding which, in conjunction with a warm bath, “will certainly cure the bite of a dog, whether mad or not.” Another disinterested individual offers an infallible specific at five dollars a bottle. A lady advises the treatment which was effectual in the case of a lady friend. The sufferer's husband took her into a hall, locked the doors, and with a whip compelled her to run round the hall until she fell exhausted. Another consoler assures the policeman that he will lose his life unless he takes Turkish baths. A gentleman sends a specific which has been in his family for three hundred years, though what precise effect it has had on his family he omits to mention. The case of the policeman is admirably suited for the use of these excellent preventives of hydrophobia; for, being apparently in no danger of the disease, no remedy suggested can fail to preserve him from death.

The members of the Pathological Society a few days since enjoyed the rare opportunity (in this country) of seeing the *filaria sanguinis hominis* in the living state from a patient in the London hospital, suffering from hemato-chyluria, under the care of Dr. Stephen Mackenzie. Briefly, the facts known about the blood-worm and their bearing on the pathology of obscure lym-

phatic disease are as follows: The parasite presents an example of the alternation of generations, requiring two hosts for its complete development. The minute, almost structureless worms found in the blood of the human subject in such vast numbers are the embryonic forms of the filaria, which requires the mosquito in which to develop into the sexually-mature worm. The mosquito, feeding on the blood at night, when the filaria are generally alone to be found, becomes gorged with them. Their growth in the mosquito has been traced by Lewis and Manson, and it is presumed that they are only liberated from the body of their host by its death in the water, to which it always finally resorts. The hematoid is thus set free, and probably undergoes further development; for the mature worm measures some three inches in length. Its passage into the human body is easily explained, and the analogy in this respect with the guinea-worm is one which Dr. Vandyke Carter ably illustrated. Once within the human body, the worm lodges in the tissues; but as to its migrations, and, indeed, its ultimate resting-place, but little is known. It seems, however, to have a peculiar aptitude for selecting the lymph-channels for its habitat—a selective power not more remarkable than that which urges the trichina to select the muscular tissues. This is further borne out by the fact that its embryos—the filaria sanguinis hominis—are met with in the blood and urine of the subjects of chyluria and nevoid (or lymphatic) elephantiasis.

The precise mechanism of chyluria still requires to be explained, and until it is elucidated an important part of the subject will remain obscure. Dr. Mackenzie hardly touched upon the pathology, limiting himself to the statement of the facts observed in his case, the most important in connection with the urine being that besides having all the chylous properties it invariably contained more or less blood, that passed by day containing more blood and filaria, that passed by night being more milky; and that filaria were found in it, especially in connection with blood-coagula. The most remarkable feature of the whole case lay in the periodicity shown by the filaria in the time of their appear-

ance in the blood. During the whole period of the man's stay in hospital his blood had been examined regularly every three hours, with the constant result that by night the filaria abounded, by day were entirely absent. It is certainly singular that the time selected by the mosquito should correspond with the presence of the parasite in the blood-stream, and the connection of these two facts is not the least wonderful in the life-history of the parasite. Dr. Mackenzie found that the ingestion of food bears no relation to the presence of the parasite in the blood, but that the time of rest and sleep does; for when the patient was up all night and slept during the day the period of filarial migration was similarly inverted. Dr. Mackenzie did not venture to speculate on these curious points; he wisely contented himself with laying the facts he had observed before the Pathological Society; and we may congratulate the society upon having had the advantage of this valuable demonstration upon a class of diseases seldom met with in this country, it is true, but the study of which may throw light on other obscure affections, and enlarge our conceptions not only of the manner in which parasites may infest the human organism, but of the remote effects their presence is capable of producing.

There is an interesting case described in the *British Medical* by Alban Doran, F.R.C.S., of hydro-peritoneum, traced to chronic ovarian disease, with recovery after the operation of oöphorectomy. The case was as follows:

E. M., aged twenty-three, single, was admitted to the Samaritan Free Hospital. Nine weeks previous to admission her abdomen began to swell, with slight edema of the lower extremities. In the course of a month the abdominal distension had increased so as to cause dyspnea. The abdomen was tapped, and four and a half gallons of fluid were drawn off. Within a week the abdomen was again considerably enlarged. There was no sign of cardiac or pulmonary disease; neither was there cough nor any form of rheumatism. Her appetite was good, her tongue clean, and her bowels acted without the aid of drugs.

The case being so obscure, Dr. Bantock determined to make an exploratory incision—the more since previous paracentesis had proved of no permanent benefit. A weak solution of phenol (one in fifty) was employed in the form of a spray. On making the incision twenty-



two pints of ascitic fluid escaped. The liver was found quite healthy to the eye and the touch, the kidneys were not enlarged, nor was there any tumor of the abdomen or pelvis. It must be here noted that menstruation, which commenced at fifteen and continued with perfect regularity for two years, had ceased entirely for six years. This had led to a suspicion of ovarian disease existing as the cause of the ascites. At the operation, to quote Dr. Bantock's notes, "Both ovaries were in their natural position, and not enlarged, or, if so, very little. But their peculiar condition arrested my attention. Their surface was very irregular, hard, and warty. On bringing them into view they were much paler than natural, and on palpation presented a semi-cystic character. Could this be the cause of the ascites? There could be little doubt that this condition was connected with the absence of menstruation. I determined to remove the ovaries. The pedicle was rather short, and on drawing the right ovary into view the outer edge, consisting of the two layers of peritoneum, was very tense. I first secured this with a fine (No. 1 silk) ligature, and then transfixed and tied in two with No. 3 silk, the outer transfixing silk being brought round the ovary after the pedicle was cut away. The left ovary was treated in same manner, but owing to its close connection with the sigmoid flexure its removal was attended with greater difficulty." A drainage-tube was introduced, and the operation was completed. Operation lasted an hour. After three quarters of that time the spray failed, and was not replaced for five minutes, the operation being continued in the meantime. For several days much serum escaped from the drainage-tube. The temperature never rose beyond 100.6° F. The tube was removed on the sixth day, the first stitches taken out on the ninth. A fortnight later the patient returned home.

It is now seventeen months since the operation. There has been no return of the ascites. The patient is well, and does her work without trouble. She has had no menstrual discharge.

There can be little doubt that in this case ascites was due to inflammation of the pelvic peritoneum, and there is strong evidence leading us to believe that the process commenced in the ovaries. Pathologists are chary of admitting the possibility of ascites from primary inflammation of the peritoneum, and few would admit that such inflammation could give rise to effusion filling the peritoneal cavity to the extent seen in cardiac disease, in cirrhosis of the liver, and in this instance now under our consideration.

An amusing little work has been brought out by Milner Fothergill, M.D., on *Indigestion and Biliouness*. The subject of indigestion has always been a favorite one to write about, and with the classic writings of Murchison and Wilson Fox before us we should have thought that even Dr. Fothergill might have failed to suggest a new line of research. The author has undertaken, however, to treat the subject from a physiological point of view, which has not been done before. Dr. Fothergill classifies indigestion under three heads: (1) Primary, (2) Secondary, (3) Intercurrent. We have accordingly only to determine which form of impairment is present, and our course of treatment at once becomes clear. Unfortunately, however, although Dr. Fothergill entices us on by the delightfully easy paths of imperfect disintegration of food, defective solvent power of juices, etc., he does not give us distinct clinical directions by which we may determine which form of impairment is present. The work is flowery in the extreme; for in the first page and a half on Intercurrent Dyspepsia the reader has presented to him (1) a bright summer day, (2) a passage from the life of Elijah and Ahab, (3) the fate of the Eurydice, (4) a typhoon, (5) the stormy petrel, (6) the gallant captain of a craft in danger furling his topsails, (7) the experienced general outwitting a flank movement. Truly the author must have a fertile brain to bring all these similes to bear upon the subject of indigestion. I doubt very much whether even his versatile intellect would have expanded in this gorgeous manner if his own stomach had been out of order at the time when he was writing these descriptions. Such is the intimate connection between a man's stomach and his brain.

Your fellow-countryman who predicted the terrible storm we had here last January has been good enough to promise us a cyclone at no very distant date. I am sure we are all greatly indebted to him for his kindness, for he gives us the pleasure of anticipation when any horrible weather is coming. I have never yet known him promise any sunshine, and it is indeed some time since we have seen any thing of the sun. November fogs are now the order of the day.

## Reviews.

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**Rheumatism: Its Nature, its Pathology, and its Successful Treatment.** By T. J. MACLAGAN, M.D. London: Pickering & Co. 1881. 8vo. Pp. 333.

"In my own practice I have come to regard a case of uncomplicated rheumatic fever, in which the pain is not quite gone and the temperature at the normal within forty-eight hours of the time that treatment commences, as an obstinate one, and the cases are few in which the pain is not decidedly relieved within twelve and abolished within twenty-four hours of such time." This from page 14 of Dr. Maclagan's book is a pregnant paragraph. For a generation a real or putative London practitioner has been held to an immortal fame because when a junior asked him "what will cure rheumatism" he answered, "Six weeks," the brilliant point of the senior's laconic wit being its veracity. To the professional man who has not revised his studies nor his practice in rheumatic fever for six years, the quoted paragraph will contain a revelation of marvelous progress. It is twenty-nine years since Fuller issued his book advocating and delineating the alkaline treatment of rheumatic fever, and it then seemed like the promise of a boundless blessing; and truly it has been a blessing, only it has not been boundless. And now, if our author is not mistaken, he has wrought out a remedy for the same agonizing disease that we may place fully as much confidence in as we do in quinia for intermittent fever, not claiming that he has discovered a catholicon, but a specific for acute uncomplicated rheumatism. And he has a reason for the faith that is in him.

Dr. Maclagan presents four eminent positions: First—and this is a negative one—that the essential cause of rheumatism is not lactic acid; second, that the essential cause is malaria;

third, that the effective element in malaria is an organic germ; and fourth, that the reliable germicide for this species is salicin. He does not deny the presence in the system of the rheumatic of an excess of lactic acid, and he admits that such excess is not a phenomenon of any other disease; and he further acknowledges that experiments have shown that lactic acid injected into the systems of the lower animals is followed by inflammatory changes similar to those that occur in acute rheumatism, and that the administration of lactic acid to man has been followed by symptoms undistinguishable from those of acute rheumatism. But by the recital of established facts and a line of close logical reasoning he carries conviction to his reader that these truths do not establish the causation of rheumatism by the acid, but, on the contrary, that the pathological activity of rheumatism is the generator of the excess of acid which becomes a marked feature of the disorder when seeking exit from the system through normal channels, the chief of which is the skin. This is upsetting a theory very generally accepted by the profession; but nevertheless, without attempting to follow him in his line of demonstration, it is safe to say that he has given the *coup de grace* to the famous doctrine of Prout.

Two varieties of pathological poisons are especially dwelt upon by Dr. Maclagan: one—contagia—is generated within the human system from antecedent germs, which are reproduced therein, are given out in some form, and, being communicated to a susceptible human, reestablishes the disease in him; the other—malaria—of exterior origin, is received into the system, and, finding a congenial nidus, is reproduced, but not in a style to be communicated to other humans. Both these poisons are, in his estimation, organized germs. He reaches this conclusion not by actual demonstration, for he acknowledges that they are in dimensions below our plane of vision assisted by the completest optical aids, but by a course of reason founded on their manifestations and obedience to known laws which excludes them from the category of mere chemical compounds or simples. In 1876 Dr. Maclagan published "The Germ-theory



applied to the Explanation of the Phenomena of Disease," a work in which he undertook to show that all specific fevers are caused by the reproduction in the system of germs entering from without. This work excited much comment, and while many sound pathologists accepted his arguments as conclusive and others totally rejected them the great body of the profession merely said "not proved," and left the question open for further light. The chapters in the present volume devoted to this theory are a fresh assertion of his former positions, strengthened by such new facts and thoughts as the intervening years have afforded. These do not, however, conclusively settle the question in his favor, notwithstanding the germ-theory satisfies more conditions than any other yet promulgated.

Touching malaria, the author holds that there is sufficient ground to believe that the germs constituting it spring out of uncertain dead and decaying vegetables with a certain environment of humidity and heat, and these germs must exist in at least two forms, one producing intermittent fever and its congeners, and the other rheumatism. The germ in such case he denominates the first factor of the disease, and the second factor in each case is the nidus within the system wherein the germ finds the conditions permitting its own multiplication. In rheumatism this nidus is the white fibrous tissue, and not all white fibrous tissue either, but that which is subjected to the greatest strain in the performance of its normal function, found in fullest development in connection with the large joints and in the heart. This view of the case lays the foundation for him to name two forms of rheumatism, which he denominates locomotor and vasculo-motor; and each of these may be acute, sub-acute, or chronic.

Let us epitomize Dr. Maclagan's idea of the *modus operandi* of an attack of acute rheumatism. The germ is received into the system and enters the circulation—he supposes it to be about the one fifteenth of the size of a red-blood corpuscle, and consequently may go every where with the blood—and travels until it finds its nidus, we will suppose in the white fibrous tissue

about the knee-joint, and then stops and at once begins to multiply very rapidly, and in so doing causes such tissue-change as to establish pain, heat, swelling, and an excess of lactic acid. This constitutes an inflammation of a peculiar character, which quickly extends to the synovial membrane, inducing the most exquisite suffering and symptomatic fever of high grade. But the pabulum for the germ in this locality is soon exhausted, the germs cease to multiply, and the pathological activity comes to a halt at this joint; but the germ has already found a fresh nidus at another joint, which is now in a state of pathological activity identical with that of the first, and progresses and ends as it did; and thus the germ will roam, locate, multiply, and exhaust its pabulum until it has invaded every joint in the body that offers it domicile and support; and by the time it has once played vagrant over the entire territory the knee that it first found richest in pabulum, and which it consumed, has again established a magazine of fresh food for the germ, but perhaps smaller than the original, and the germ here begins another round of the system similar to the first; and this is repeated over and over until the ability of the nidus to manufacture pabulum ceases, and then the rheumatism ends for the time, the germs starve to death, and are eliminated from the system as other effete matter is.

This would be the terminus of the series of events constituting an attack of rheumatism if the pathological activity inspired by the germs was not of a character to create adventitious tissue that does not disappear with the pathological stimulant. Such sequels are not uncommon in and about joints, and, sadly enough, are quite frequent in the heart when the attacks of rheumatism are long continued or often repeated.

In 1874 Dr. MacLagan began the administration of salicin for the relief of rheumatism, led thereto by a course of observation and reasoning that brought him to a conviction that in rheumatism as in intermittent fever there should be found a remedy the product of the region most prolific of the disease. The premise seems a little fanciful, though it may be a lack of knowledge that makes one so regard it; for it is quite possible that intermit-

tent fever more abounds in the habitats of the cinchona than it does in the Pontine marshes or the Wabash flats, where not a cinchona tree exists. Be this as it may, our author was carried by this alleged analogy to expect good results from salicin, an alkaloid of the willow, the willow being a pretty constant production in the territory where rheumatism finds its greatest profusion of subjects, and the result was a success surprising to himself. In 1876 he published in the London Lancet his recommendation of salicin as a remedy for rheumatism, and the profession immediately gave it an extensive trial. At first the inadequate dose forbade the best results, and to this was soon added an imperfect and adulterated drug. The large consumption having exhausted the supply and enormously enhanced the price, unscrupulous dealers resorted to dishonest means to supply the demand, and accordingly when a doctor prescribed salicin his patient got something else with the consequent of a failure to obtain the effects of salicin.

There are more than thirty salicyl compounds, and many of them have been tried in the therapeutics of rheumatism, but only three—namely, salicin, salicylic acid, and salicylate of soda—have met with favor and maintained a reputation in this connection, and for three or four years the medical journals have teemed with articles favoring one or another of these compounds in the treatment of rheumatism, some asserting the superiority of one of them and some of another. Dr. MacLagan claims to have tried each of them fairly, and certainly presents apparently sound and substantial reasons for advocating the equal sufficiency of salicin as an anti-rheumatic, and its superior safety over salicylic acid and the salicylate of soda, and satisfactorily exhibits the error of those who have asserted that salicin becomes salicylic acid in the system before it exercises the attributes of an antidote to the rheumatic poison.

His conclusion after years of experimental clinical observation is that in rheumatism thirty grains of salicin should be given every hour until pain abates, then every two hours while awake until the graver symptoms disappear, then continue in

smaller quantities until convalescence is fully established; and he insists in positive terms that to give less than enough is to get no permanent good of the remedy, and that enough is nothing less than saturating the system with the germicide and maintaining that condition until the last germ in the system is extinct.

Dr. Maclagan is decidedly emphatic that salicin is a positive and practicable antidote to the rheumatic poison, but plainly declares that it does not relieve the sequels of the disease when the morbid action has continued long enough to produce them. These must be treated on rational principles.

The foregoing is a brief recital of the more eminent points of Dr. Maclagan's book, but it should be mentioned in this connection that he covers the associated ground, pertinent to his main theme, very fully, stating fairly the objections that have been urged to his teachings, and with conspicuous candor discussing all disputed points, claiming a verdict only where he adduces evidence sufficient to convince, and displaying the admirable virtue—far from universal with medical writers—of admitting doubts when his knowledge is not of a quality to dissipate them.

So much concerning rheumatism and its treatment with the salicyl compounds has been promulgated through the medical periodical press by himself and a legion of others since Dr. Maclagan's first announcement of his discovery of the specific virtues of salicin in 1876 that the close and retentive student of such literature will not find much that is absolutely new in this fresh publication; but all common readers, and especially the general practitioner of medicine, will find in this volume a most interesting and instructive discussion of the whole subject of rheumatism, including its scientific consideration and its practical bearings, and also important and valuable facts and theories touching related subjects adduced to illustrate and enforce the author's main point. He may not win every one to his own views, but the orderly arrangement of his book, the easy sequence of related parts, the faculty of selecting appropriate words that present his ideas, and an agreeable style of



composition will not leave an intelligent reader in doubt about his position nor the channels by which he reaches it, nor the reasoning by which it is fortified, nor that he feels conscientiously justified in proclaiming the glad tidings of great joy to patient and physician contained in the sentence which opens this review.

Some cis-Atlantic publisher could do the profession a real service by arranging with the author for an American edition of his work. Who will take the hint?

J. F. H.

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**Anatomical Studies upon the Brains of Criminals: A CONTRIBUTION TO ANTHROPOLOGY, MEDICINE, JURISPRUDENCE, AND PSYCHOLOGY.** By MORITZ BENEDIKT, Professor at Vienna. Translated from the German by E. P. FOWLER, M.D.; New York, Department of Translation New York Medico-Chirurgical Society. New York: Wm. Wood & Co., Publishers. 1881. 8vo. Pp. 185.

So much earnest and enlightened labor has been bestowed on the nervous system within the last few years that we may confidently count on having presently even more remarkable results than have yet been attained, wonderful as they are.

Assuming that the brain is the director-general of all mental operations and voluntary physical motions, and that the cortical portion of the cerebrum is the multiple-center of all these manifestations, the author seeks to determine whether there is any thing in the appearance, shape, and arrangement of this cortical substance in the criminal that distinguishes him from the upright man. Pursuantly he figures and describes the normal brain of the moral man, and then figures and describes the brains of twenty-two criminals of various grades, ages, and nativities, deducing the conclusion that the convolutions of the criminal are much less perfectly developed and the sulci more abundant, extensive, and confluent than in the more perfect man.

The work appeared in Vienna three years ago, but has now

been translated by Dr. Fowler that it "may help toward bringing the more lowly-organized mass of the human race up to the higher estate of noble manhood, . . . and, most of all, to fit these unfortunates for the infinite life."

The conclusions of Dr. Benedikt did not pass unchallenged in Europe; in fact, they excited hot controversy and bitter feeling; and it is not probable that they will be accepted without protest by all psychologists in America.

The translator's work lacks smoothness and apparently something of exactness, but the publishers have presented a very neat volume in all its parts.

J. F. H.

**A New Form of Nervous Disease:** TOGETHER WITH AN ESSAY ON ERYTHROXYLON COCA. By W. S. SEARLE, A.M., M.D., Fellow of the Medico-Chirurgical Society of New York, etc. New York: Ford, Howard & Hulbert. 1881. 12mo. Pp. 138.

This volume is the work of one of our homeopathic physicians ambitious to discover something new in the now popular field of nervous pathology. He is enthusiastic in the pursuit of his purpose, and not having succeeded in impressing leading neurologists in New York that he had observed something new among the neuroses he indirectly obtained a note from Charcot, which he prints both in the original French and in translation in his preface. The author claims an indorsement of his discovery in the brief note of Charcot, but a paraphrase of the great French neurologist's words might be made thus: As I have never seen the disease described by Dr. Searle recorded in any book, nor met with it in practice, it must therefore be new. Finding comfort in such a statement classes Dr. S. as among those who are thankful for small favors.

The chief symptoms in the new disease are a sudden shock, or blow, or explosion in the occipital region of the head, accompanied by intense vertigo. He reports twenty-one cases, and of

these he cured fifteen; two are under treatment; and the result in four is unknown. While the author assumes to be a staunch homeopathist, he is not so hidebound but that when he found his patients not recovering under infinitesimal doses he resorted to rational medicine. But he had the best results from his patients chewing the leaves of the erythroxylon coca; and so impressed is he of the virtues of this plant that the last forty-two pages of his book are devoted to a history of the shrub and its medicinal qualities considered both rationally and homeopathically.

Perhaps the reader will not be largely instructed by the book, but he will be amused.

J. F. H.

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**Lectures on Digestion:** AN INTRODUCTION TO THE CLINICAL STUDY OF DISEASES OF THE DIGESTIVE ORGANS. Twelve Lectures delivered to the Practitioners and Advanced Students of Medicine during the Winter of 1878-9. By Dr. C. A. EWALD, Lecturer in the Royal University of Berlin, formerly Principal Assistant in Prof. Frerich's Clinic at the Charite Hospital, Berlin. Translated by ROBERT SAUNDBY, M.D., Edin., Member of the Royal College of Physicians, Emeritus President of the Royal Medical Society, and Assistant Physician to the General Hospital, Birmingham. New York: William Wood & Co. 1881. 12mo. Pp. 149. Text-words about 40,000.

Much the greater part of this little volume is devoted to the consideration of the products of the glands accessory to the solution of our food in the alimentary canal with true German particularity and, one might almost add, with German tediousness. Still, to the student of intricate digestion in its chemico-vital phases this book will prove a timely helper, as the author draws intelligently on the stores of his own experimental acquirements, as well as quotes aptly from the published knowledge of others, to present a correct chart of what is at this time known of the process of digestion and of the structure and function of the complicated apparatus concerned in the service, and he has

the grace to admit that there is a vast deal that is not known in this behalf.

Notwithstanding the minute detail of the various ferments and the results of their action in digestion and absorption which seems almost like a refined distinction, the book is by no means devoid of practical instructions, and the last lecture is wholly devoted to a detail of the digestibility of various foods and their value as nutritious ingesta.

The translation is well done, and the printing and binding good.

J. F. H.

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**The Prescriber's Memoranda.** New York: William Wood & Co. 1881. 18mo. Pp. 301. Text-words about 40,000.

So far as parentage is concerned, this little volume is a waif, sent out into the busy world from the prolific book-incubating establishment of the Woods to float into popularity on its merits or to sink into neglect for the want of them.

The disorders to be prescribed for are arranged alphabetically, beginning with abortion and ending with wounds. Under each head is given such directions for the management and medication of the ailment as the compiler deemed judicious, and for a peculiar class of practitioners the instructions the book contains will be counted a positive boon. There is no sharp seeking after new methods or new remedies, but a conservative love for old and tried and approved plans of management, and for medicaments that have had the sanction of experimental approbation by men eminent in the profession as therapeutists.

Prescriptions of uncounted number will charm the young man who is not quite sure of the combination he ought to make in the case before him, and be a solace to the old practitioner who is too sleepy to call up his knowledge for immediate use.

J. F. H.



## Clinic of the Month.

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### ABSTRACTS OF PROCEEDINGS OF THE INTERNATIONAL MEDICAL CONGRESS.

THE CAUSES OF FAILURE IN OBTAINING PRIMARY UNION IN OPERATION-WOUNDS—Prof. G. M. Humphry, M.D., F.R.S., Cambridge.

1. The delicacy and sensitiveness of the tissues in infantile and early life, which renders them liable to inflammation and ulceration upon slight irritation.

2. The deficiency of the nutritive energy requisite for the healing processes in the atonic and aged, evinced most especially in the lower limbs, when there is disease of the arteries.

3. The presence of foreign substances in the wound, especially blood or bloody fluid, which separates the surfaces, and has further a tendency to decomposition.

° Cut surfaces placed in apposition, and kept so, unite, unless there is some cause preventing union. Witness wounds of the face and other parts in which there is little opportunity for the accumulation of fluid between the surfaces, and in which primary union usually takes place.

The methods most calculated to secure primary union are therefore those which maintain the apposition of the cut surfaces most effectually and with least irritation, and which provide against the presence of blood or bloody fluid in the wound—sutures of such material and applied in such manner as is least likely to cause irritation; quietude of the part; gentle, uniform pressure, and fixing on a splint where that can be done.

The effusion of blood into the wound after it has been stitched up is best prevented by carefully securing the vessels with ligature, or by torsion. Ligatures are easily applied, are almost unfailing, and are attended with little or no ill effect. The material of which they are made, together with the tissue included in them, undergoes absorption; so that it is immaterial how many are applied. The actual cautery may be used freely as an adjunct. The sponging of the wound will promote oozing at the time, and tends to lessen the risk of it afterward. Insert drainage-tube and express the blood from the wound as

long as it continues to flow through the tube after the wound has been stitched up.

Antiseptics an additional precaution, preventing the decomposition of any bloody fluid which in spite of the above-named precautions may be effused into the wound. They are especially valuable when cavities are opened.

Esmarch's band promotes bleeding from cut surfaces soon after its removal, but rather lessens the risk of subsequent effusion.

#### ON EXTIRPATION OF THE KIDNEY—Professor Czerny.

1. Extirpation of one kidney is indicated in cases of wound of the kidney, floating kidney, pyonephrosis, calculous pyelitis, cysts, and hydro-nephrosis, tumors, and fistulæ communicating with the ureter, as soon as the life of the individual is endangered and other methods of treatment prove ineffectual, provided that the other kidney is sound.

2. Nephrectomy can be performed by an abdominal section which involves opening the peritoneum, or by means of a lumbar incision which leaves the peritoneum intact. The first method is suitable for cases of movable kidney; the other is indicated when the kidney is quite fixed or nearly so.

3. The lumbar incision is the safer of the two plans, and therefore is worthy of further development.

4. The best method of dealing with the pedicle is to carefully ligature it and cut it short, adopting antiseptic precautions.

5. Incision of cyst and stitching its margin to the skin is the best plan of treatment in cases of fixed hydro-nephroses, empyema of the pelvis of the kidney, and echinococcus of the kidney.

6. The plan of catheterizing the ureters of women and constricting the ureters of men, in order to confirm the diagnosis of disease affecting one kidney only, has not been sufficiently practiced, and deserves a wider employment, aided perhaps by the use of the endoscope at the same time.

#### ON THE RESULTS OF THE TREATMENT IN CHRONIC DISEASE OF THE KNEE-JOINT, INCLUDING AN ACCOUNT OF FIFTY RESECTIONS OF THE JOINT—Professor Kocher, Berne.

1. Amputation of the thigh is indicated in cases where white swelling occurs in patients suffering from tuberculosis of the internal organs, or those whom the disease has rendered very anemic, or who present a constant high temperature, or are reduced by prolonged suppuration.

2. Resection is the best treatment in all other cases, if contraction of the joint or considerable functional disturbance has occurred.

3. Under these circumstances resection gives in every way better results than are obtained from conservative treatment.

4. Resection should be only resorted to in exceptional cases in childhood or advanced age. The results are as good or better as regards union of the ends of the bones in adult life than in childhood.

5. The mortality since the author commenced the practice of resection has only been twelve per cent; and now—thanks to the recent improvements and the introduction of antiseptics—the operation has become free from danger.

6. His present endeavor is so to improve the method that movable and at the same time firm joints may be secured.

ON THE RELATIONS BETWEEN ADENOMA SARCOMA AND CARCINOMA OF THE MAMMARY GLAND IN THE FEMALE; THEIR DIAGNOSIS IN THE EARLIER STAGES OF DISEASE, AND THE RESULTS OF THEIR TREATMENT BY OPERATIONS—Samuel Gross.

1. That from a genetic standpoint there is a distant connection between adenoma and carcinoma, since they both originate from the glandular constituents of the mamma. In the former neoplasm, however, there is a numerical increase of the lacteal glands; in the latter there is merely a multiplication of the epithelial cells, the descendants of which extend into the lymphatic vessels and the perivascular sheaths of the blood-vessels. From a clinical standpoint adenoma is a benign tumor and carcinoma is a malignant growth.

2. That sarcoma has neither a genetic nor a structural affinity with adenoma or carcinoma, but that it resembles the latter in its malignant attributes.

3. That in view of the recurring tendency of adenoma after simple enucleation the entire breast should be extirpated with it.

4. That surgical intervention in sarcoma and carcinoma not only retards the progress of the disease by preventing local dissemination and the development of visceral tumors, but it also not infrequently results in permanent recovery.

5. That local reproductions in sarcoma and carcinoma do not militate against a final cure, provided they are freely excised as soon as they appear.

6. That lymphatic involvement does not forbid operations in carcinoma, since infected glands were removed in nearly one third of the examples of permanent cure.

7. That the subjects of sarcoma and carcinoma are almost without exception safe from local and general reproduction if three years have elapsed since the last operation.

8. That all sarcomata and carcinomata of the mammary gland, if there are no evidences of metastatic tumors, and if thorough removal is practicable, should be dealt with as early as possible by amputating the entire breast and its integuments and dissecting off the subjacent fascia. In carcinoma, moreover, the axilla should be opened with a view to its exploration and the removal of any glands which were not palpable prior to interference.

ON PARTIAL EXCISION OF THE BLADDER—Dr. Adolf Fischer, Surgeon, Buda-Pesth.

The ancient surgeons believed that a surgical wound of the bladder would terminate fatally.

In more recent times, however, comparatively large portions of the bladder have been removed on account of prolapsus without a fatal result.

In order to answer, on the ground of practical experience, the following questions, I have excised larger or smaller portions from the bladders of seven dogs.

1. Is it necessary, in operating on dogs, to take strict antiseptic precautions?

2. Is the operation attended by great dangers, and has the wound of the bladder, if properly stitched, a tendency to heal?

3. Which material and which kind of suture is the most suitable?

Four of the seven dogs recovered.

The first two were operated upon antiseptically; one died. Post-mortem—Sutures not accurate; peritonitis.

The second two not strictly antiseptically; one died on the third day with a high temperature. Post-mortem—Hemorrhage into the peritoneal cavity.

Three dogs operated upon not antiseptically at all; one died. In the fatal case I had excised a considerable part from the trigonum vesicæ. Post-mortem—Gangrene of the bladder.

The material for sutures was Lister's antiseptic silk, silk boiled in five-per-cent carbolic lotion, and catgut. Each of these materials answered well. I used the interrupted and the combined suture, and a modification of my own—the combined interrupted suture.

From these experiments the following deductions may be drawn:

1. In operating on dogs antiseptic precautions are not absolutely necessary.



2. Wounds in the bladder which are afterward carefully united by sutures are not particularly dangerous.

3. Good results are principally dependent upon the accuracy of the suture.

There can be no doubt that this operation is more likely to be successful on the human subject, because it can be done antiseptically. The bladder can be subjected to a mechanical treatment (irrigation with antiseptic fluids), a catheter can be kept in the bladder, and absolute rest can be secured.

The indications for partial excision of the human bladder may be brought at present under the following heads :

1. Traumatic injuries to the bladder, with contused edges.
2. Diverticula of the bladder, containing encysted calculi.
3. General dilatation of the bladder, when the cause of the disease has either been removed or is removable.
4. Benign and malignant tumors involving the wall of the bladder.
5. Vesico-abdominal, vesico-vaginal, and recto-vesical fistula.
6. Destructive ulcerations threatening rupture, and withstanding other methods of treatment.

REMOVAL OF THE ENTIRE TONGUE WITH SCISSORS THROUGH THE MOUTH—Walter Whitehead, F.R.C.S.E., F.R.S., Edin., Surgeon Manchester Royal Infirmary.

On November 3, 1877, I removed the whole of the tongue through the mouth with scissors. *Vide* British Medical Journal, 1877, Dec. 8, p. 303.

This case, to the best of my knowledge, was the first instance of the entire tongue having been removed for disease through the mouth by simple excision. More than thirty tongues have since been removed by the same plan.

The operation is conducted in six stages after the following simple manner :

1. The mouth is opened to the full extent with a suitable gag, and the duty of attending to this is intrusted to one of the two assistants required.

2. The tongue is drawn out of the mouth by a double ligature passed through its substance an inch from the tip.

3. The operator commences by dividing all the attachments of the tongue to the jaw and to the pillars of the fauces.

4. The muscles attached to the base of the tongue are then cut across by a series of successive short snips of the scissors until the

entire tongue is separated on the plane of the inferior border of the lower jaw, and as far back as the safety of the epiglottis will permit.

5. The lingual or any other arteries requiring torsion are twisted as divided.

6. A single loop of silk is passed by a long needle through the remains of the glosso-epiglottidean fold of mucous membrane, as a means of drawing forward the floor of the mouth should secondary hemorrhage take place.

The patient is fed for the first three days by nutritive enemata, satisfying thirst by occasionally washing out the mouth with a weak iced solution of permanganate of potash.

The difficulties and dangers of the operation are few. Hemorrhage is easily controllable. I have twice removed the entire tongue without having to secure a single vessel, and more than once have only had to twist one lingual artery.

A table of twenty-eight cases, with one death the immediate result of the operation (an old man aged sixty-nine), accompanies the paper. Two other deaths occurred in consequence of the operation, but from remote causes.

Taking the most unfavorable estimate, the deaths in the twenty-eight cases do not amount to eleven per cent, and when contrasted with the thirty to sixty per cent of deaths resulting from removal of the tongue by any other operation I venture to affirm that substantial evidence has been submitted in favor of removal of the tongue with scissors.

#### THE TREATMENT OF FRACTURED FEMUR—Rushton Parker, Professor of Surgery in Liverpool.

The objects in view are—

1. Union without deformity or lameness.
2. By means artistic, effectual, or labor-saving.
3. While increasing the patient's liberty.

For all fractures below the trochanter the knee-splint of Hugh Owen Thomas is advised, and for all fractures of the neck the hip-splint of the same surgeon.

In selecting the "knee-splint" for fractures of the shaft, either the "walking-splint" (made right and left) is used, or preferably the "bed-splint," which suits either side. Side-straps are attached to the patient's leg and tied to the lower end of the splint, counter-pressure being furnished by the oval-padded ring against the perineum and encircling the thigh.

Thus the full length of the limb is secured either at the first setting

or within the first few days, as in the use of the long splint and perineal band of Liston. The leg lies slung, evenly supported between the bars of the splint, on a towel or other piece of cloth pinned over them, and secured by a bandage. The thigh is encircled by short hollow splints tied tightly round the limb by strips of bandage, and also slung between the bars.

In cases of re-fracture, in which there may have been previous shortening, the reunion may by this method be secured without shortening more easily than by any other known procedure.

The treatment of fractured condyles is the same as that of inflammation of the knee-joint in the same splint. The limb is slung on the towel or cloth between the bars, having extension straps on the leg to keep the upper end of the splint in contact with the perineum, with a broad bandage round the leg and another round the thigh. The joint is left exposed, and let alone until union is complete and the suppleness of the capsule has returned, passive movement being utterly repudiated.

Fractures of the neck are all best treated in Thomas's "hip-splint," applied as in hip-joint disease. In fracture without impaction or shortening, when the splint is applied the limb is maintained so perfectly in a straight and steady posture that shortening will most probably not occur.

In the event of shortening, extension will lessen or remove it. In fracture near the head non-union is likely to be prevented, while in impacted fracture of the neck the maximum of comfort to the patient is secured, though the shortening be inevitable. In every case the liberty of the patient in bed is the greatest possible, allowing easy changes of position (in the knee-splint even the sitting posture) and the unassisted use of the bed-pan, while maintaining the efficiency of treatment. When locomotion is resumed on the occurrence of union and the cessation of all tenderness, with the aid of crutches and a high boot or patten under the other foot the injured limb is in either splint kept off the ground and swung straight until the union be hard.

In the unavoidable event of non-union of the neck the permanent use of the knee-splint will permit of progression without the necessity of crutches or help from the arms.

In compound fracture the Listerian or any other form of dressing can be adapted to each variety of injury with the same splints.

It is thus claimed that the objects mentioned at the beginning are attainable results in most cases, being habitually realized by the means described in the surgical wards of the Liverpool Royal Infirmary and in the practice of their originator.

## ON FRACTURES OF THE LOWER JAW—Thos. Brian Gunning, M.D.

1. In opposition to the ordinarily-received teaching that a radical point in the treatment of a fractured human bone is to keep the fragments in place until reunited, it will be shown that the lower jaw will reunite without holding the fragments together, and even when a portion of its body so large as to have contained one bicuspid and two molar teeth is lost through necrosis.

2. The four-tailed bandage for the treatment of fractures of the lower jaw is superior to any other, the sling bandages introduced within the last twenty-five years being unfit to use in most cases.

3. It will be shown that in fractures through the neck of the lower jaw a misplaced condyle can only be set with the jaw closed, and the way to set it will be explained.

4. It will be shown that in the treatment of fractures of the ramus, or of the coronoid process, or the neck of the condyle, interdental splints are in most cases indispensable, and that hard rubber splints are superior to all other appliances for fractures of the jaws.

## ANTISEPSIS IN MIDWIFERY—Professor Spiegelberg, Breslau.

The great reform in surgery brought about by the antiseptic treatment could not fail to have a deep influence upon the treatment of the complications in childbed, as it was well known long ago that the latter are the same which arise from wounds. If, however, scrupulous cleanliness, which had been advocated long ago, favored a normal course of the puerperium, the practical gain was not very great.

The idea that the puerperal wounds are infected and the inflammation of the genital organs are initiated by germs coming from outside became more in vogue, and the idea that phlogogenous matter might be produced spontaneously within the genital tract was almost abandoned. The consequence of this idea was recommending the most scrupulous cleanliness of hands and instruments, forbidding practitioners engaged in midwifery to attend other patients, forbidding students engaged in dissecting to attend midwifery cases, forbidding nurses attending cases of puerperal fever to attend normal cases at the same time.

The experience that all these measures reduced the number of bad cases only little originated the idea of secondary antiseptics. Intra-uterine irrigations and drainage came in use, but without much avail. The opinion took root that there was no identity between wound and childbed complications; that there existed an essential puerperal process.



These failures can be made comprehensible by laying clearly open the development of infection; and here too is it necessary to refer to the history of the antiseptic surgery.

The theory and practice of Lister's system is founded upon the view, now sufficiently justified by experience, that infection is brought about by the action of germs which float about in the surroundings of the patient and which fall on the recently-made wound. It is therefore absolutely necessary to clean the surroundings from the germs; if that is not practicable, to destroy the efficiency of these germs while the wound is open, and by keeping subsequently the wound closed. The application of these rules upon the puerperium means: The strictest cleanliness and antisepsis during the time in which the puerperal wound arises—that is, during birth—as well from the part of the persons attending the mother as from the mother herself. Prevention of air entering the genital tract; and as that is not wholly unavoidable, disinfection by frequent irrigation with antiseptics during birth. After birth care must be taken to secure perfect rest for the genital tract to encourage involution, avoiding every intra-vaginal or intra-uterine manipulation which is not absolutely necessary. If so, it must be done under strictly antiseptic precautions.

Secondary antisepsis—that is, antisepsis after the infection has taken place—is of not much avail. It is only directly useful in processes of decomposition, so long as they have not passed the surfaces of the tract and not yet attacked the parenchyma of the organs. But if that is not the case antisepsis is only a palliativum, but no trustworthy remedy, since drainage and irrigation do not hit the deep seats of the disease and do not remove or destroy the entered germs, not to speak of the inconveniences of the practical application of the secondary antisepsis.

ON THE SURGICAL TREATMENT OF PROLAPSE OF THE UTERUS—Dr. G. Eustache, Lille.

1. The only surgical operation capable of curing complete prolapse of the uterus is the partitioning of the vagina by the method of Professor Le Fort, of Paris.

2. In order that this operation may prove successful it should be modified as follows: In place of a linear denudation one centimeter in width, a denudation at least four centimeters wide should be made on each wall from the insertion of the vagina on the neck of the uterus to the vulva; that is, for a length of six centimeters. Instead of bringing the two walls together by metallic wire, the catgut suture

should be used, which neither irritates nor ulcerates the parts, and which does not require removal, as the catgut is absorbed.

History of four cases treated in this way and cured.

OÖPHORECTOMY—Dr. Thomas Savage, Birmingham.

A record read of thirty consecutive successful operations performed during the last two years for various conditions, which are detailed—ten being for long-standing and painful prolapse of the ovary, and four for myoma. The author's experience up to the present time leads him to consider that for the two above-named conditions there is a large field of successful and beneficial practice open to oöphorectomy in properly-selected cases, but that in the cases of so-called ovarian dysmenorrhea there is considerable difficulty in coming to a conclusion as to the cases where it will be likely to be suitable, for it seems necessary that a considerable period must elapse after the operation in these cases before the benefits hoped for are apparent. The author thinks the enlargement of the prolapsed ovary is often due to an inversion of the organ into Douglas's space, giving rise in the first instance to edema and subsequently to areolar hyperplasia or a cystic condition. With the one exception—the inability to conceive—patients after oöphorectomy possess every attribute of womanhood. The facility and safety of the operation being now fully established, it becomes our next duty to define as far as possible the conditions for which it was applicable, also those for which it is inapplicable, so that it may not be abused.

THE EXCITING CAUSE OF ATTACKS OF HYSTERIA AND HYSTERO-EPILEPSY—Grailly Hewitt, M.D., F.R.C.P.

The object of the paper is to demonstrate by the results of clinical observation that in cases of hysteria and so-called hystero-epilepsy the exciting cause of the attacks is distortion of the uterus produced by flexion of the uterus upon itself, either forward or backward.

The attacks are the result of reflex irritation, the irritation consisting in the physical compression and tension of the tissues of the uterus consequent on the forcible bending of the body of the uterus on the cervix. This bending has the effect of producing compression of the uterine tissues at and near the angle of flexion, and by its interference with the circulation in the uterine tissues it has the further effect of producing a continuous congestion of the body of the uterus.

The evidence offered by the author in support of the above explanation is the recital of eighteen cases observed by him during a period

of ten years. In these cases, some of which were cases of severe attacks of hysteria, others identical with those described as cases of hysterо-epilepsy, and a few in which the symptoms were of a less severe character, the condition of the uterus was carefully investigated.

Marked distortion of the uterus was present in all the cases, the most severe cases being those in which the uterine distortion was greatest.

Complete relief from the attacks and hysterical symptoms was obtained in these cases by a treatment directed to the removal of the uterine distortion. Out of eighteen cases perfect relief is known to have been obtained in seventeen. The subsequent history is not fully known in one case.

Of the eighteen cases related twelve were cases of anteflexion of the uterus and six were cases of retroflexion.

The complete cessation of the hysterical symptoms in the cases related and the uniform success of treatment directed to the rectification of the shape and position of the uterus conclusively show, in the author's opinion, that the exciting cause of the attacks was the flexed condition of the uterus.

#### ON THE LOCAL TREATMENT OF CHRONIC METRITIS—Prof. Amann, Munich.

Most cases of chronic metritis require local treatment for their cure. If the disease be limited to the mucous membrane of the cervical canal the treatment is comparatively simple, and cure can be effected by various harmless means. Greater difficulty is met with when chronic inflammation of the body or of the body and neck of the uterus calls for local treatment. For many years I have carefully tested the various means recommended during the last twenty years in the treatment of the affection in question in hospital and private practice in more than three thousand cases, and have come to the conviction that only one method acts with certainty without being troublesome and *dangerous*. This is new only in the manner of its execution, and consists in the systematic cauterization of the cavity of the body, and eventually of the cervix of the uterus, by means of an instrument like a sound, into a hollow in the upper end of which is fused lapis mitigatus. This can be employed, as is self-evident, according to the behavior of the endometrium and the resisting power of the uterus in individual cases, at one time more frequently and thoroughly, at another more rarely and cautiously, and will have, according to the

peculiarities of the special case, by itself alone or in conjunction with other means (topical blood-letting, scraping off of growths of the endometrium), almost sure results. Only in a few cases of large tumors or severe bleeding-granulations of the endometrium is the employment of the galvano-cautery or thermo-cautery necessary. The intra-uterine application of *lapis mitigatus* is, with the necessary caution, absolutely free from danger, and in a small number of cases only does it cause pain, which, however, is usually of short duration. Sometimes also it gives rise to considerable but transient bleeding. Once only have I noticed, after a severe cauterization of the whole of the uterine cavity, dangerous metritis or peri-metritis, which, however, ended in a few weeks in complete recovery. Even slighter degrees of acute endometritis and acute metritis occur, according to my experience, in barely two per cent of all the cases.

One of the chief advantages of the proceeding in question is that it can be carried out without assistance in at least ninety-five per cent of cases, and usually in five, exceptionally in ten minutes. Within this time, moreover, the cleansing of the uterine canal from mucus, a necessary preparation for cauterization, as well as the dilatation of the narrow canal by means of metallic dilators, can be accomplished. Further, this procedure is applicable when the condition is complicated by severe flexions and versions, either after straightening the organ immediately before cauterization, or, if the canal be of normal width, by cauterizing with the sound-like instrument forthwith. This is done without a speculum just as the sound is introduced. By reason of the rapidity of the cauterization, which is finished in three to five seconds, and because, by the revolving of the caustic holder, contact of the caustic with the individual parts of the endometrium is extraordinarily short, coating of the caustic with coagulated albumen is prevented. Immediately after cauterizing a large tampon of wadding soaked in a solution of tannin should be introduced into the vagina, in order to prevent the caustic dissolved in the uterine cavity from escaping into and through the vagina.

THE CURABILITY OF UTERINE DISPLACEMENTS—Paul F. Mundé, M.D., New York.

Finding that the text-books either entirely omit all mention of the possibility of permanently curing displacements of the uterus by any of the methods in use, or give but vague statements on the subject, and impressed with the importance of having some positive conclusions on this matter, both for the sake of the patient and the satisfac-



tion of the physician, the author has analyzed the numerous cases of displacements which have come under his care (eight hundred and ninety-five), and arrives at the following conclusions:

1. Displacements of the uterus are permanently curable in the large majority of cases only when recent, or when a complete tissue metamorphosis, as occurs during pregnancy and after parturition, takes place.

2. Chronic cases (of more than a year's standing) are but rarely curable permanently, except occasionally under the last-named circumstances. Apparent cures reported by some authors and witnessed by many physicians soon show themselves to have been but temporary.

3. Pessaries form unquestionably the most practical, rational, and (temporarily) the most efficient means of treating uterine displacements. Cures are but rarely accomplished by them.

4. Medicated, chiefly astringent tampons, intelligently applied every day by the physician, give the best chances for permanent cure. This is particularly true of prolapsus, but holds good for all forms.

5. Electricity locally applied deserves more extended application.

6. All methods should be persevered in for months and years before success is to be expected.

#### AMPUTATION OF THE NECK OF THE UTERUS FOR CHRONIC METRITIS—Dr. A. Le Bond.

1. Amputation of the neck of the uterus may be practiced for chronic metritis when the disease has resisted other methods of treatment.

2. The operation being undertaken for the cure of a disease which never proves fatal, should be performed after the least dangerous method.

3. The neck should be amputated at the fundus of the vagina by means of the galvano-cautery.

## Notes and Queries.

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THE CASE OF PRESIDENT GARFIELD.—The clearest and most succinct statement of the case of the late President, as well as the most scientific, legitimate, and impartial criticism of its surgical management has in our opinion been made in the November number of the *Annals of Anatomy and Surgery*, by Dr. Lewis Pilcher, of Brooklyn, N. Y. We make room for the concluding portion of the article.

There are questions which will continue to be asked, and upon the answers to which procedures in cases of similar character hereafter must be based. It is apparent from an inspection of the temperature and pulse charts that from the fourth day there entered into the case an influence which persisted to its close. These regular and persistent fluctuations over a slight range, coupled with progressive emaciation and slow ebbing of muscular strength, notwithstanding the patience and hopefulness of the patient gave rise to delusive impressions of improvement, show septic infection as early and continuously present. While the more evident conditions of suppurating thrombi, of embolic infarctions, and metastatic abscesses which make up an *ensemble* of pyemia are absent, the conditions which mark chronic septicemia are unmistakable. The gastric irritability, the parotid inflammation, the suppurating acne, and the carbuncle on the back are all expressions of this septic condition. Though the record of the case shows that these symptoms were all combated with consummate skill, yet their cause was left untouched. That the injury to the splenic artery should have become, after eleven weeks, the source of a fatal hemorrhage, can be explained only by a failure of repair and a condition of degeneration due to the general depraved blood state. No one will be so absurd as to claim that the rent in the splenic artery, four tenths of an inch long, was made by the ball at the time of its entrance into the body. No slowly-dissecting aneurism would have resulted from such an injury to a large artery so near the heart, but an overwhelming and speedily-fatal hemorrhage. The erosion of the arterial coats must have been due to their involvement in the ulcerative processes going on in the track of the ball—tissue-death instead of tissue-building—the culmination of the weeks of general blood-

contamination. The occasion of this septic infection is manifestly to be found in the retention or incomplete escape of the *debris* and discharges from that portion of the wound beyond the fractured eleventh rib. In raising the question whether in this case the resources of surgery were exhausted while this condition was unrelieved, not the slightest idea of unfriendly criticism of the eminent gentlemen having charge of the case can be entertained. Their judgment was, after taking all the circumstances of the case into account, that all that was prudent to do had been done. Great responsibility was upon them, and at such times all men become cautious. Critical examination, however, of the case may afford some lesson of value for the future. The wisdom of deferring further exploration on the 4th of July, when, though every thing pointed to a perforating wound of the abdomen, the apparent progress of the patient was most favorable, none can gainsay. When, however, did it become manifest that this favorable progress had ceased? To us, now, as we study the chart of the first three weeks, the indications of unfavorable progress after July 6th are unmistakable, and the explosion of July 23d means much more than a superficial pus sac. We can not but regret that the occasion of the removal of the splinter of the rib on July 26th was not improved for the thorough exploration of whatever conditions lay beyond it. Had the sinus leading to the splintered vertebra then been detected and freely opened up, it might have been that the nation would not have been in mourning today; for certainly there was nothing necessarily fatal in the condition of the bone itself.

In extenuation of the failure to trace the course of the ball any further than the eleventh rib, stress has been laid upon the supposed considerable deflection of the ball at that point so as to make a track so sinuous as to make satisfactory exploration impossible. It is to be regretted that the anatomical relations of the parts injured, as exposed *post mortem*, negative the existence of any such deflection. At the post-mortem examination the track from the skin to the rib was healed and a depressed cicatrix alone marked its place. Four points in the track of the ball were, however, positively fixed, viz. the points of impingement on the two ribs and on the vertebra, and its final resting-place behind the pancreas. A straight line will connect them all. To study the anatomical relations of this bullet-track, Plate 15 of Braune's Atlas of Topographical Anatomy will be found invaluable. It represents a transverse section of a body through the middle of the first lumbar vertebra, and, far better than any of the imaginary diagrams which have been published, exhibits the manner in which a bullet with unswerving course might successively penetrate eleventh rib, twelfth

rib, and body of lumbar vertebra to reach the posterior surface of the pancreas. All the established facts indicate that the track in the tissues between the eleventh rib and the skin was likewise in this line; the great apparent distance along the wound from the skin to the rib—so great that the little finger thrust in to its full extent barely reached the inner side of the injured rib—demonstrates that this channel was an oblique one; while the known behavior of conical balls, especially at short range, continuing a direct course, penetrating all tissues in their way till their power is exhausted, lends its weight in contradiction to the existence of deflection. No description of the appearance of the ball when found has any where been given. If it had been flattened or greatly distorted by glancing from a bone, the fact would certainly have been noted. The only conclusion which can be drawn from all these facts is that the ball from the moment of its entering into the body till it finally rested behind the pancreas pursued a straight undeviating course.

There is one lesson which this case teaches which is especially illustrated in the report made by the principal attending surgeon; namely, the danger of making a diagnosis. It is evident that having made a diagnosis of a lesion of minor importance, all its mutations were by him interpreted in the light of that diagnosis, and the significance of the profound symptoms which the case presented failed to be appreciated by him. A candid confession that the data were insufficient, and the retaining of the mind in a judicial state throughout, would have saved medical science from the opprobrium which has been cast upon it by the revelations of the autopsy in this case. The possibility of a preconceived opinion—yclept diagnosis—to warp the judgment explains how it was possible for bulletins announcing uninterrupted progress toward recovery to be issued when the condition was really one of uninterrupted emaciation and septic infection; for the physicians to announce that the symptoms showed improvement, while the secretary of state telegraphs that the symptoms are of the gravest character and the strength failing; and for declarations that the patient is convalescent, when he is at the point of death from intense septicemia.

THE STATE BOARD OF HEALTH OF INDIANA.—The following physicians were appointed on this Board: Dr. J. W. Compton, Evansville, President; Dr. Wm. Lomax, Marion; Dr. W. W. Vinnedge, Lafayette; Dr. J. M. Patridge, South Bend, Tippecanoe County; Dr. Thad. M. Stevens, Indianapolis, Secretary of the Board and State Health Officer.



DR. T. GAILLARD THOMAS has resigned the chair of obstetrics and gynecology in the College of Physicians and Surgeons, New York. Dr. James W. McLane was appointed to the vacated chair, and Dr. Paul F. Mundé was appointed clinical lecturer on the diseases of women.

DR. RICHARD GUNDRY, formerly Superintendent of Asylums for the Insane in Ohio, has been made Professor of Materia Medica and Diseases of the Nervous System in the College of Physicians and Surgeons at Baltimore.

THE first medical library established in the United States was that of the Pennsylvania Hospital, established in 1762. The first State medical society was that of New Jersey. The first original medical work was published in New Haven in 1788. It was entitled "Cases and Observations by the Medical Society of New Haven County."

HUXLEY predicts that in the progress of medicine it will become possible to introduce into the economy a molecular mechanism which, like a very cunningly-contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.

DOCTORS were humorously compared by Addison to the army of ancient Britons, described by Julius Cæsar: "Some slay on foot and some in chariots, but those in the chariots do the most execution."

PRIZE OFFERED BY KENTUCKY STATE MEDICAL SOCIETY.—The Committee on Prize Essays for the Kentucky State Medical Society has decided to offer fifty dollars (\$50) for the best essay embodying the results of original experimental research, or original clinical observation on the nature, mode of propagation, pathology, and treatment of scarlatina.

1. Competing essays must be the composition of and in the handwriting of the authors, who must be members of the Kentucky State Medical Society.

2. They must be marked by a motto or character, accompanied by a sealed envelope, bearing the same motto or character, inclosing the author's name.

3. They must be sent to the chairman of the committee before the 15th day of March, 1882.

The committee may reject any or all essays presented. In case of award, the successful essay shall be read to the Society on the morning of the second day of the annual meeting, after which the chairman of the committee shall open the sealed envelope, make known the name of the author, and publicly award the prize.

DUDLEY S. REYNOLDS, M.D., *Chm.*

HENRY M. SKILLMAN, M.D.

A. R. MCKEE, M.D.

DAVID W. YANDELL, M.D.

CHARLES H. TODD, M.D.

DR. BEN. J. BALDWIN, of this city, has been appointed House Surgeon to the Manhattan Eye and Ear Hospital in New York. The governors of this charity could not have made a better selection.

WALSH'S PHYSICIAN'S HANDY LEDGER, 1882. WALSH'S PHYSICIAN'S COMBINED CALL-BOOK AND TABLET, 1882. Sixth edition. RALPH WALSH, M.D., 332 C Street, Washington, D. C.—Dr. Walsh has conferred a real benefit on the physician by preparing these two publications. The first greatly simplifies book-keeping, making the matter of accounts accurate and easy. The call-book is convenient and well arranged, and besides affording ample space for entering visits and memoranda, contains in small compass a posological table, many valuable formulæ, apothecaries' weights and measures rendered into metric measures, etc., etc.

THE PHYSICIAN'S VISITING LIST FOR 1882. Philadelphia. Lindsay & Blakiston.—For thirty years now this the greatest of time-savers, in its way, has been our daily companion, and in all that period has been a convenience which it would be difficult to express in words.













